DOCUMENT RESUME

ED 377 744 FL 800 851

TITLE	Patient Relations and Workplace Communication.
INSTITUTION	Career Resources Development Center, Inc., San Francisco, CA.
PUB DATE	[94]
NOTE	102p.; For related documents, see FL 800 850-852.
PUB TYPE	Guides - Classroom Use - Instructional Materials (For Learner) (051)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	Adult Basic Education; Civil Liberties; *Communication Problems; Confidentiality; Dialogs (Language); Grammar; *Helping Relationship; Immigrants; *Interpersonal Communication; Interpersonal Competence; Job Skills; Listening Skills; *Medical Services; *Organizational Communication; Physical Examinations; Physician Patient Relationship; Problem Solving; Pronunciation; *Questioning Techniques; Reading Skills; Receptionists; Role Playing; Screening Tests; Skill Development; Vocabulary Development
IDENTIFIERS	*Politeness; Workplace Literacy

ABSTRACT

The workbook contains lessons and exercises in patient relations and workplace communication in a medical services office, particularly for interactions involving one or more non-native speaker of English. Seven units address these topics: (1) greetings and basic assistance, greeting established patients, and measuring height and weight and taking temperature; (2) giving directions and confirming/clarifying information; (3) communication with patients (giving instructions, getting medical information); (4) patient confidentiality issues, explaining patients' rights, and responding to requests for patient information; (5) polite questioning strategies for discussing insurance and billing); (6) waiting room management (comforting anxious patients, handling difficult situations, and answering questions); and (7) translating for the doctor and solving other communication problems on the job. Dialogues and exercises are included in each unit. (MSE) (Adjunct ERIC Clearinghouse on Literacy Education)

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ED 377 744

PATIENT RELATIONS AND WORKPLACE COMMUNICATION

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UNIT 1 GREETINGS AND BASIC ASSISTANCE

SECTION 1: GREETING NEW PATIENTS

1. Have you seen a doctor in the United States?
2. If yes, how did the medical assistant greet you?

LISTENING

Listen to the dialogues between a medical assistant and patients. Answer the following questions by checking "YES", "No" or "MAY BE".

Dialogue 1

	YES	NO	MAYBE
1. The patient's name is Debby Johnson.	___	___	___
2. The assistant should call the patient "Ms. Johnson."	___	___	___
3. The patient has seen Dr. Taylor before.	___	___	___
4. The patient has an insurance card.	___	___	___
5. The medical assistant asked the patient to fill out a form.	___	___	___

Dialogue 2

	YES	NO	MAYBE
1. Mr. Jones is a new patient.	___	___	___
2. Alex Jones has an appointment with Dr. Taylor.	___	___	___
3. The medical assistant asked the patient to wait.	___	___	___

DIALOGUES

Listen to the dialogues between an assistant and new patients. Practice them with a partner.

Dialogue 1

A patient is walking toward the reception area.

Assistant:	Good morning. May I help you?
Patient:	Yes, I have an appointment with Dr. Taylor.
Assistant:	Have you seen the doctor before?
Patient:	No. This is my first appointment with Dr. Taylor.
Assistant:	What's your name?
Patient:	Debby Johnson.
Assistant:	All right, Debby. Would you fill out this form first?
Patient:	Okay.
Assistant:	Thanks.

Dialogue 2

The assistant is on the phone when a patient enters the reception area.

Assistant:	Hello, I'll be with you in just a minute....
	...Can I help you?
Patient:	Is this Dr. Taylor's office?
Assistant:	That's right. Do you have an appointment?
Patient:	Well, this is my son, Alex Jones. He has an appointment.
Assistant:	I see. Could you fill out this form first?
Patient:	Sure.

PRACTICE

Find a partner and practice the dialogues. Fold the paper along the middle line and look only at your part.

Student A

Dialogue 1

The medical assistant is greeting a new patient.

Assistant:	Good morning. May I help you?
Patient:	.....
Assistant:	Have you seen Dr. Lewis before?
Patient:	.....
Assistant:	All right. Would you fill out this patient information form first?
Patient:	.....

Dialogue 2

A patient shows up when the medical assistant is talking to another patient.

Assistant:	Good afternoon, I'll be with you in a second.... May I help you?
Patient:	.....
Assistant:	Your name, please?
Patient:	.....
Assistant:	Have you come in before?
Patient:	.....
Assistant:	I see. Could you fill out this form first?
Patient:	.....

Student B

Dialogue 1

The medical assistant is greeting a new patient.

Assistant:	.....?
Patient:	Yes. My name is Art Harris. I have an appointment at 10:00.
Assistant:	.....?
Patient:	No. This is my first visit.
Assistant:	.....
Patient:	Okay. Thanks.

Dialogue 2

A patient shows up when the medical assistant is talking to another patient.

Assistant:	.....?
Patient:	Yes, I have an appointment with Dr. Lewis at 3:30.
Assistant:	.....?
Patient:	Arnold Robinson.
Assistant:	.....?
Patient:	No. I just moved to San Francisco last month.
Assistant:	.....?
Patient:	All right.

ROLE PLAY

How to do this activity:

1. Find a partner and work in pairs. One will be A and the other will be B.
2. Read the instructions carefully but DO NOT read the other's instructions. If you have any questions, ask the teacher.
3. Role play situation 1 first. If you need to do it again, let your partner know. Then, role play situation 2, and so on.
4. After you are all done, switch roles and practice again.

Think about what you need to say first before you begin.

Student A -- Patient

1. You are a new patient. This is your first visit at Dr. Brown's office. Make sure you're in the right office and then tell the medical assistant your name and the time of your appointment (3:15).

2. You are visiting Dr. Lee's office for the first time and you don't know what to do when you come in. Tell the assistant your name and appointment (9:45 for a general check-up and a blood test) and ask him/her what you need to do.

Student B -- Assistant

1. You work at Dr. Brown's office. It's 3:00 in the afternoon. Someone came in and you don't recognize this person as a patient. Greet the person and offer help. If he/she is a new patient, follow the standard procedure for new patients. (*Remember: new patients need to fill out patient information forms.)

2. You are an assistant/receptionist at Dr. Lee's office. It's about 9:30 in the morning. Someone coming in seems lost. Greet this person and offer help.

SECTION 2: GREETING ESTABLISHED PATIENTS

LISTENING

Listen to the dialogues between a medical assistant and patients. Answer the following questions by checking "YES", "No" or "MAY BE".

Dialogue 1

	YES	NO	MAYBE
1. Mr. Anderson visited the doctor before.	___	___	___
2. The assistant's greeting was polite and appropriate.	___	___	___
3. The assistant shouldn't ask the patient to wait.	___	___	___
4. The patient has insurance.	___	___	___

Dialogue 2

	YES	NO	MAYBE
1. The assistant knew the patient, Betty.	___	___	___
2. The patient came in for a sore throat.	___	___	___
3. The medical assistant's greeting was appropriate.	___	___	___

DIALOGUES

Listen to the dialogues between an assistant and established patients. Practice them with a partner.

Dialogue 1
A patient is walking toward the reception area.

Assistant: Good morning, Mr. Anderson, how are you this morning? I hope you're feeling better.
Patient: I'm fine. I took a pain pill this morning and I'm much better now.
Assistant: That's good. Have a seat. The doctor will be with you in a minute.
Patient: All right.

Dialogue 2

Assistant: Hello, Betty. How are you feeling today?
Patient: Okay, I guess.
Assistant: How's your leg?
Patient: Getting worse...it got red and inflamed over the weekend.
Assistant: Oh, I'm sorry to hear that, but Dr. Taylor will check it carefully. Have a seat. The doctor will be with you in a second.
Patient: Okay.

TONE OF VOICE

Sympethatic or Concerned	Sarcastic or Indifferent
I'm sorry to hear that.	I'm sorry to hear that.
That's too bad.	That's too bad.
What happened?	What happened?

Now, practice with the teacher or tape, using the right tone and intonation.

PRACTICE

Student A

Dialogue 1

The medical assistant is greeting an established patient for a regular check-up.

Assistant: Good morning, Mr. Neslon. It's been a long time since your last visit. How have you been?
Patient: .....?
Assistant: That's true. Has it been a year since your last exam?
Patient: .....
Assistant: Well, we're glad to see you again. Have a seat. The doctor will be with you shortly.
Patient: .....

Dialogue 2

The medical assistant is greeting a patient who is coming in for an illness.

Assistant: Hello, Camellia. How are you feeling today?
Patient: .....
Assistant: How's your cold?
Patient: .....
Assistant: Have a seat. The doctor will be with you soon.
Patient: .....

Student B

Dialogue 1

The medical assistant is greeting an established patient for a regular check-up.

Assistant: .....?
Patient: Oh, fine. How are *you*?
Assistant: .....?
Patient: Yep. It's been a whole year! Time flies.
Assistant: .....
Patient: Thanks.

Dialogue 2

The medical assistant is greeting a patient who is coming in for an illness..

Assistant: .....?
Patient: Okay.
Assistant: .....?
Patient: Better. I still cough a lot.
Assistant: .....
Patient: All right.

ROLE PLAY

Find a partner and work in pairs. One will be A and the other will be B. Look only at your instructions. Role play one situation at a time. Switch roles and practice again when you're done.

Student A -- Patient

1. This is your second time visiting Dr. Coleman's office. You have an appointment at 11:30 for lower back pains.

2. You are an established patient. You made an appointment at 4:30 for a check-up on your ears which have been aching for a couple of days. As you enter the doctor's office, tell the assistant your name and appointment.

Student B -- Assistant

1. You work at Dr. Coleman's office. It's 11:00. An established patient just came in for a check-up on his/her lower back. Ask the patient how he/she feels following your greeting.

2. A patient came in and you recognize this patient who came in before. Greet the patient and so on.

SECTION 3: MEASURING HEIGHT, WEIGHT & TEMPERATURE

1. Have you ever measured your height, weight or taken your body temperature?
2. Does the medical assistant measure them and take your body temperature every time you visit your doctor? What else does he or she do?

LISTENING

Listen to the dialogues between a medical assistant and patients. Answer the questions.

Dialogue 1

1. Which system of the patient has problem?

_____

2. What's the patient's weight and height?

_____

3. Did the assistant show the patient where the exam room was?

_____

Dialogue 2

1. Which system of the patient has problem?

_____

2. What did the assistant say when he needed to weigh the patient?

_____

3. Where's the exam room?

_____

Dialogue 3

1. What are the instructions the assistant gave for taking his temperature?

_____

2. What's the patient's body temperature?

_____

USEFUL EXPRESSIONS

Come in/Come on in, please.
I'm going to take your weight/height.
Let's take your weight/height first.
(Would you)Take off your shoes, please./You'll have to take off your shoes.
Stand straight.
(That's) 146 (lb.)/5'9½".
Open your mouth. Close your mouth.
You can hold the thermometer with your fingers.
Your temperature is 101.4(°F)./You have a temperature of 101.4./It's 101.4./101.4.

DIALOGUES

Listen to the dialogues. Practice them with a partner.

Dialogue 1

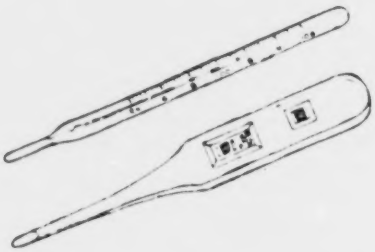
The medical assistant is letting a new patient in from the waiting room.

Assistant: Mr. Wright?
Patient: Yes?
Assistant: There you are. Come on in.... How are you feeling?
Patient: Not so good. My respiratory system is a mess. My nose is stuffed up and I have a hard time breathing.
Assistant: I see. Well, could I take your weight first?
Patient: OK.
Assistant: Stand on the scale, please.... That's 162 pounds. Now, I'm going to take your height. You'll have to take off your shoes.
Patient: Okay.
Assistant: Stand straight. 5'8".
Patient: I think I lost a few pounds.
Assistant: Yeah, but that's fine. Follow me, this way.... Have a seat. The doctor will be with you soon.
Patient: All right. Thanks.

Dialogue 2

The assistant is letting an established patient in to the back office.

Assistant: Bruce, come on in. How's your stomach?
Patient: Not too good. I can hardly digest anything. It seems that my whole digestive system is not functioning right!
Assistant: Well, the doctor will check it carefully. I'm going to weigh you first. Here, step on the scale. ...Ok...148.
Patient: I didn't seem to lose much weight.
Assistant: No, and that's good. Come this way--the open door on your left. The doctor will be with you in a minute.
Patient: Thank you.



Dialogue 3

The medical assistant is entering the exam room with the patient and ready to take the patient's temperature.

Assistant: I'll need to take your temperature.
Patient: OK.
Assistant: Open your mouth.
Patient: Ah...
Assistant: Now, close your mouth, slowly, and don't bite on the thermometer.
Patient: Um-hum.
Assistant: Good. You can hold the thermometer in place with your fingers. I'll take it out in 2 or 3 minutes.

.....

...Okay, let's see...it's 101.4. The doctor will be with you in a minute.
Patient: Thanks.

GRAMMAR SUMMARY

A.

verb	noun	adjective
weigh	weight	(heavy)
	height	high/tall

Fill in the blanks with appropriate words from above.

Assistant: Here, let's get your _____ first. Step on the scale please.
Patient: Okay.
Assistant: Let's see. A hundred thirty-six.
Patient: Well, I think I've gained a lot of _____. I _____ myself three months ago and I was only 128.
Assistant: I see. I'll mention it to the doctor. Could I measure your _____ ?
Patient: Certainly.
Assistant: You need to take off your shoes though.
Patient: No problem.
Assistant: How _____ are you? Do you remember?
Patient: I think I'm five-seven.
Assistant: Okay...stand straight. Let's see...you're right.

B.

Imperatives/Commands

Come in (please*).
Come on in.
Take off your shoes.
Stand straight.
Open your mouth.
Hold the thermometer.

* You can also say "*please*" but it is not necessary.

Write a few more imperatives you have heard or used below.

_____
_____
_____
_____
_____

READING

Read the dialogue. Fill in the blanks with the expressions in the box. After checking your answers, practice the dialogue with a partner.

Come on in. Step on the scale here. Open your mouth. Follow me, this way. Close your mouth slowly and don't bite the thermometer. Let's take your height. Would you take off your shoes? We'll have to take your weight first. You can hold it with your fingers. It's 100.2°F. Hundred and eight. Five-two and a half.

Assistant: Dale Horton?
Patient: Yes?
Assistant: _____.
Patient: Thanks.
Assistant: Over here. _____.
Patient: All right.
Assistant: _____.
Patient: I've gained a few pounds!
Assistant: Only two. That's normal when you quit smoking. Now, _____?
Patient: Sure.
Assistant: OK, let's see... _____.
Patient: Good. What's next?
Assistant: Well, we'll have to take your temperature.
Patient: Okay.
Assistant: _____. Have a s[illegible].
Patient: Thank you.
Assistant: Now, _____.
Patient: Ah....
Assistant: _____.
Patient: Hummm.
Assistant: _____. I'll take it out in 2 or 3 minutes.
Patient: Uh-hum.
Assistant: ...okay, let's see. _____. The doctor will be with you in a minute.

PRACTICE

A. Practice the dialogues with a partner. Look only at your part.

Student A

Dialogue 1
(In the waiting room.)

Assistant: Archie?
Patient: .....?
Assistant: Come on in.... How are you feeling today?
Patient: .....
Assistant: I'm going to measure your weight first.
Patient: .....
Assistant: No. Just step up on the scale... ...152. Here, follow me this way please? Have a seat. The doctor'll be with you shortly.
Patient: .....

Dialogue 2

The medical assistant is entering the exam room with the patient and ready to take the patient's temperature.

Assistant: I'm going to take your temperature.
Patient: .....
Assistant: Open your mouth.
Patient: .....
Assistant: Now, close your month and try not to bite on the thermometer.
Patient: .....
Assistant: Good. You can hold it in place with your fingers. I'll take it out in 2 or 3 minutes.... ...Okay, let's see...100.5. The doctor will be with you in a minute.
Patient: .....

Student B

Dialogue 1
(In the waiting room.)

Assistant: .....?
Patient: Yes?
Assistant: .....?
Patient: All right, I guess.
Assistant: .....
Patient: OK. Do I need to take off my shoes?
Assistant: .....
Patient: All right. Thanks.

Dialogue 2

The medical assistant is entering the exam room with the patient and ready to take the patient's temperature.

Assistant: .....
Patient: OK.
Assistant: .....
Patient: Ah...
Assistant: .....
Patient: Um-hum.
Assistant: .....
Patient: Thanks.

ROLE PLAY

Now, it's your turn to perform what you have learned. You will have to work in pairs. Find a partner and decide who would be the assistant and who would be the patient. Read each cue card carefully. Ask your teacher if you have any questions. Think about what you need to say first before you begin.

Student A -- Assistant

1. Someone is coming into the office. Greet the person and ask him/her if he has an appointment with the doctor. If it's a new patient, have the patient fill out a patient information form first.	2. A patient (established) is coming in for an appointment. Greet the patient and ask how he/she feels. Ask the patient to wait in the waiting room.
3. An established patient came in with his father who needs a check-up on his foot. Get them from the waiting room to the back office and take the patient's weight and height.	4. A patient is waiting in the reception area. Ask him to follow you to the back office and take his height and weight. Then, lead him to an exam room and take his body temperature.

Student B -- Patient

1. You are a new patient and you come in to the doctor's office for a general check-up.	2. You are an established patient. You come in to the doctor's office for the flu which caused you a running nose, a sore throat and a headache.
3. You are an established patient. You came in with your father who needed a check-up on his foot.	4. You are a patient and you are waiting to be seen.

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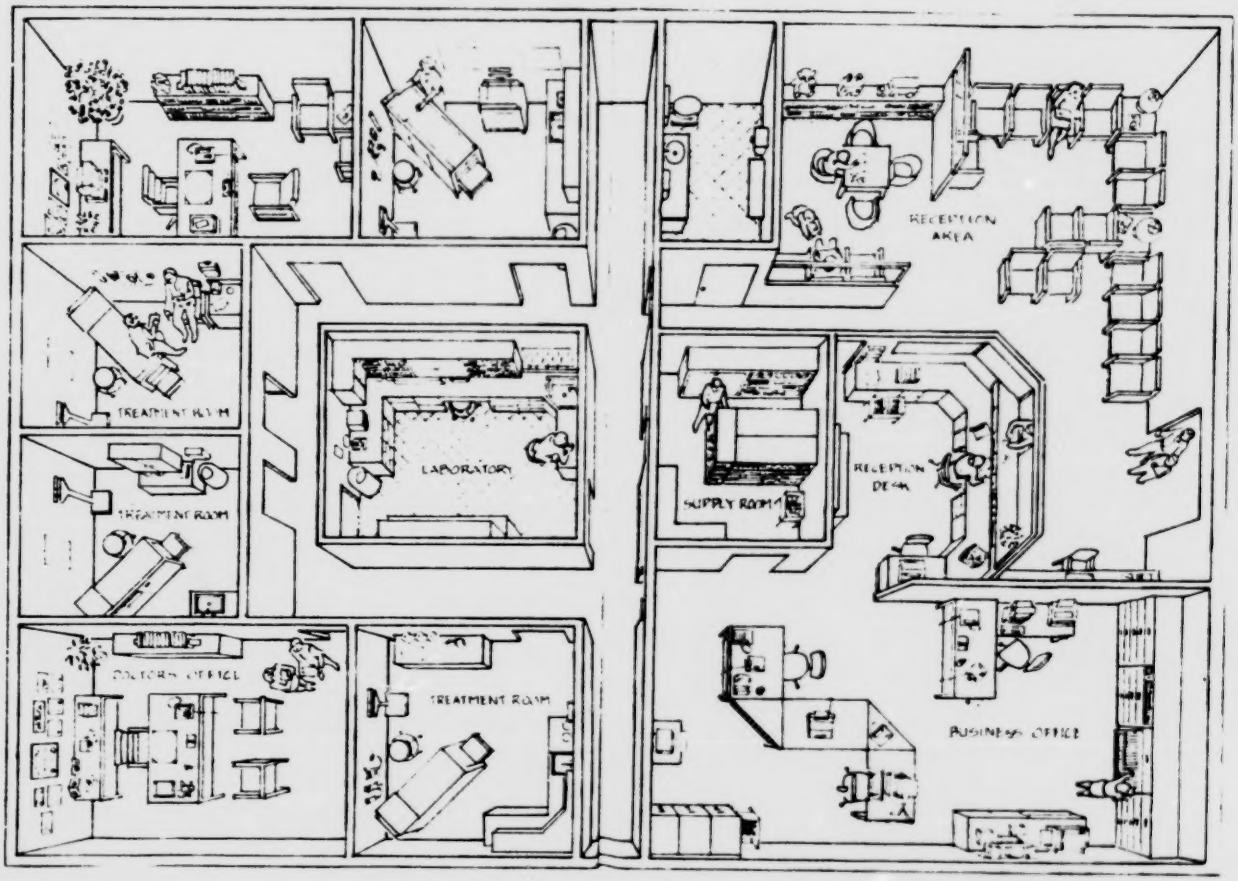
UNIT 2 GIVING DIRECTIONS

SECTION 1: GIVING DIRECTIONS AND CONFIRMING/CLARIFYING INFORMATION

VOCABULARY & EXPRESSIONS

1. go straight ahead
2. go down the hallway
3. go around
4. go past .... on your left/right
5. turn left/right
   make a left/right
6. it's on your left/right
7. it's across from....
8. it's next to..../it's opposite....
9. it's between....and....
10. it's the first/second door
    on your left/right

Listen to the dialogues and mark the rooms.



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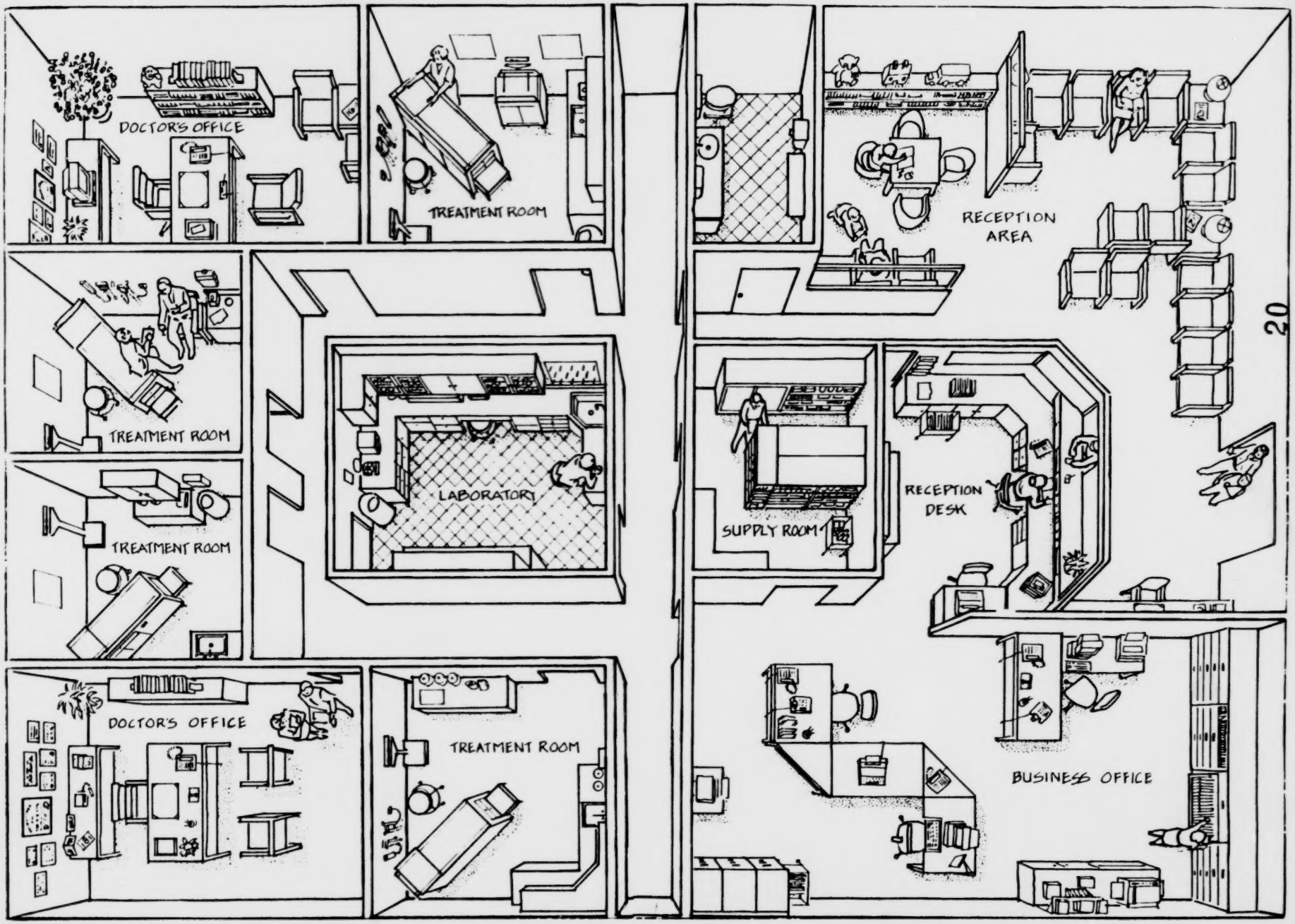

DOCTOR'S OFFICE
TREATMENT ROOM
RECEPTION AREA
TREATMENT ROOM
LABORATORY
SUPPLY ROOM
RECEPTION DESK
TREATMENT ROOM
DOCTOR'S OFFICE
TREATMENT ROOM
BUSINESS OFFICE
20

USEFUL EXPRESSIONS

How do I get to ...(the lab)...?
Can you tell me how to get to .....?
Where is ...(the lab)...?
Can you tell me where ...(the lab)... is?

The laboratory?
775-8880?
Did you say Dr. Jacobson?

Left or right?
18 or 80?

What did you say?
Excuse me?/Pardon me?

DIALOGUES

Read the map on the previous page. Listen to the dialogues twice--the first time, look at the map and understand the dialogues; the second time, read the dialogues and pay attention to the intonation. Then, practice them with a partner.

Dialogue 1

Patient: How do I get to the lab?
Assistant: The laboratory?
Patient: Uh-huh.
Assistant: Go down the hallway, through the door and take a left. It's on your right.
Patient: Thanks.

Dialogue 2

Assistant: You need to go to Room 4 and change into the robe.
Patient: How do I get to Room 4?
Assistant: Go through the door and take a left. Then, go down the hallway and take a right. Room 4 is the first door on your left.
Patient: Let me see...go through the door, left, then right. It's the first on the... ...left of right?
Assistant: On the left.

Dialogue 3

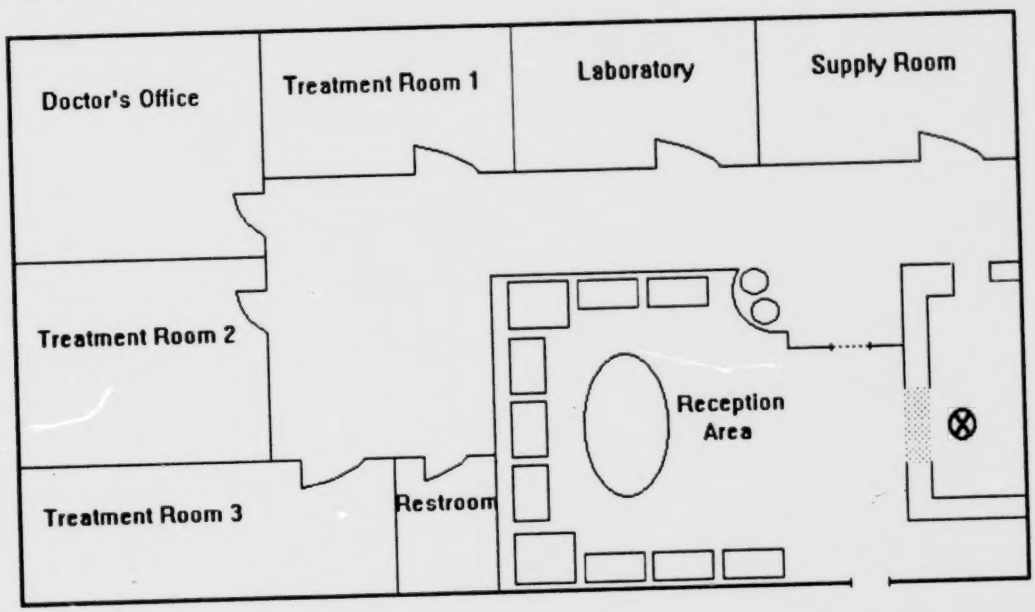
Assistant: May I help you?
Man: Yes. I need to install this computer in Dr. Jacobson's office.
Assistant: Did you say Dr. Jacobson?
Man: Uh-huh.
Assistant: It's down that way. Go through the door and continue straight ahead. It's the second door on your right.
Man: Thank you, ma'am.

Dialogue 4

Assistant: Here's how you can get to Room 3.
Patient: Excuse me?
Assistant: You need to go to the Examination Room 3. Just go through that door and then go straight ahead. Make a left at the end of the hallway. It's the second door on your right.
Patient: Straight ahead and left?
Assistant: That's correct. It's the second on the right.
Patient: Thanks.

LISTENING

Look at the map. Listen to the dialogues and mark the routes.



GRAMMAR SUMMARY

Where is the restroom?	Do you know	where the restroom is?
Where can we find a doctor?	I wonder	where we can find a doctor.
Where should I drop the blood sample?	Can you tell me	where I should drop the sample.
Where + Verb + Subject?	**Do you know + where + Subject + Verb** **Can you tell me** **I wonder**	

A. Practice converting the following sentences by adding "Do you know", "Can you tell me" or "I wonder" as shown above.

1. Where is the reception desk? *Can you tell me where the reception desk is?*
2. Where can I find a pay phone?
3. Where is the florist?
4. Where are the stairs?
5. Where should I get an X-ray taken?
6. Where is the cafeteria?
7. Where can I get physical therapy?

B. Work with a partner and practice asking/answering the questions. Use the expressions on the next page to ask for clarification or repetition.

1. Where's the women's room?
2. Where's the men's room?
3. Where's the accounting office?
4. Where's the typing room?
5. Where's the BVT room?
6. How do I get to the basement?
7. How do I get to Laura's office?
8. Is there a restroom downstairs/upstairs? (Is there a restroom on this floor?)
9. Is there a pay phone around here?
10. Do you know where Luong is?
11. Do you know where the reception desk is?
12. I wonder where the copy machine is.
13. Can you tell me where the stapler is?

PRONUNCIATION AND INTONATION SUMMARY

A. Direct Questions
(falling intonation)

Where's the restroom?
Where can we find a counselor?
Where should I drop the blood sample?

Indirect Questions
(rising intonation)

Do you know where the restroom is?
I wonder where we can find a counselor.*
Can you tell me where I should drop the blood sample?

*Falling intonation.

Do the following Paris of questions or statements have the same intonation pattern? If they are the same, write an "S". If not, write a "D" for different.

_____ Where is the computer lab? Which computers have Windows?
_____ I wonder where the pay phone is. Where is the pay phone?
_____ How long is the training? Do you know how long the training is?
_____ Where's Room 2F? Can you tell me where Room 2F is?
_____ I don't know what his name is. I wonder what his name is.

B. Confirming Information
(rising intonation)

Did you say ...the restroom...?
The restroom?
775-8880?
8:15, right?

Clarifying Information
(rising-falling intonation)

Did you say the restroom or restaurant?
You mean ladies room?*
775-8880 or 18?
80 or 18?

*Rising intonation.

Listen to these questions. Draw an intonation line for each questions.

Room 313?	15 or 50?	R-O-G-E-R?
D or T?	N as in Nancy?	Did you say 2nd floor?
L-E-A, right?	Lee or Lea?	Did you say bathroom or bedroom?

C. Asking for Repetition
(rising intonation)

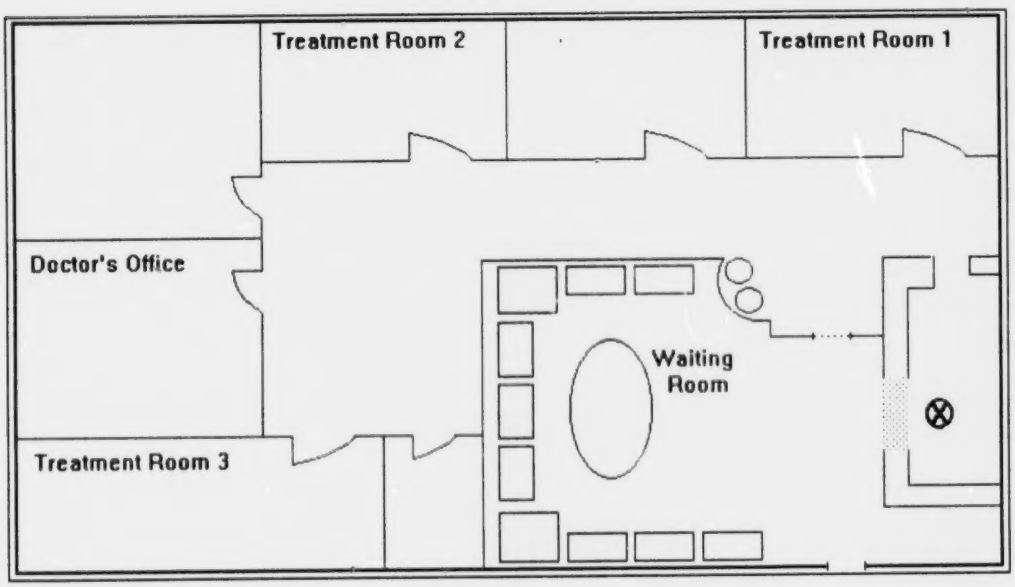
What did you say?	Would/Could you that again?	What was that?
Could you repeat that?	Excuse me?/Pardon me?	I'm sorry?

PRACTICE

1. Look at the map. Find a partner, ask for the places you want to go. Listen and mark the routes. Then, give directions to places your partner wants to go.

Student A

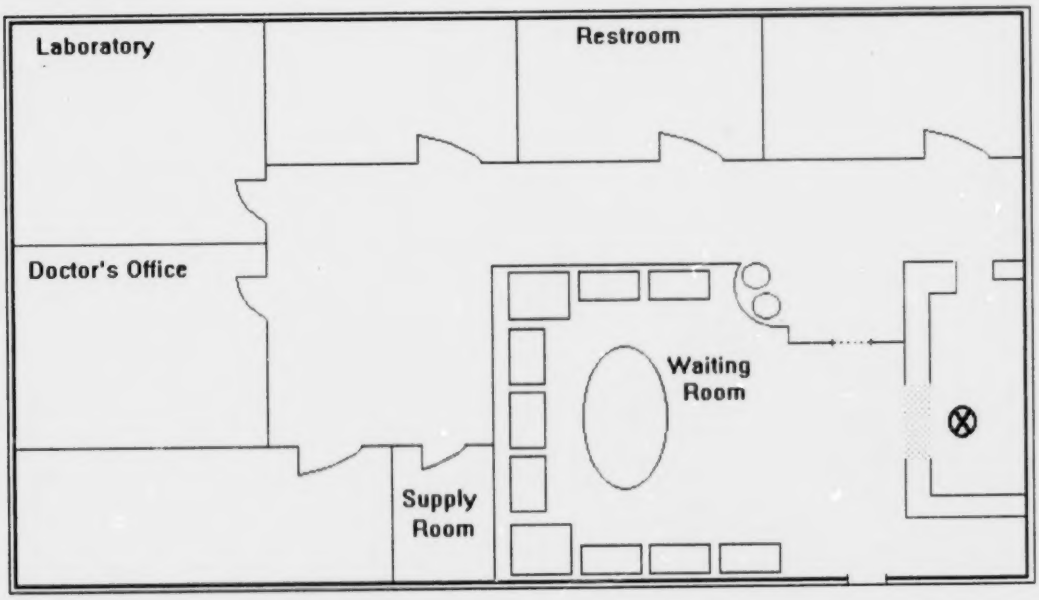
Restroom
Supply Room
Laboratory



1. Look at the map. Listen to your partner for each place he/she wants to go and give directions. Then, ask for directions for the following places where *you* want to go.

Student B

Treatment Room 1
Treatment Room 2
Treatment Room 3



2. Look at the map and review the expressions. Ask for the places you want to go, and later give directions to places your partner would like to go. If you have any questions, ask the teacher.

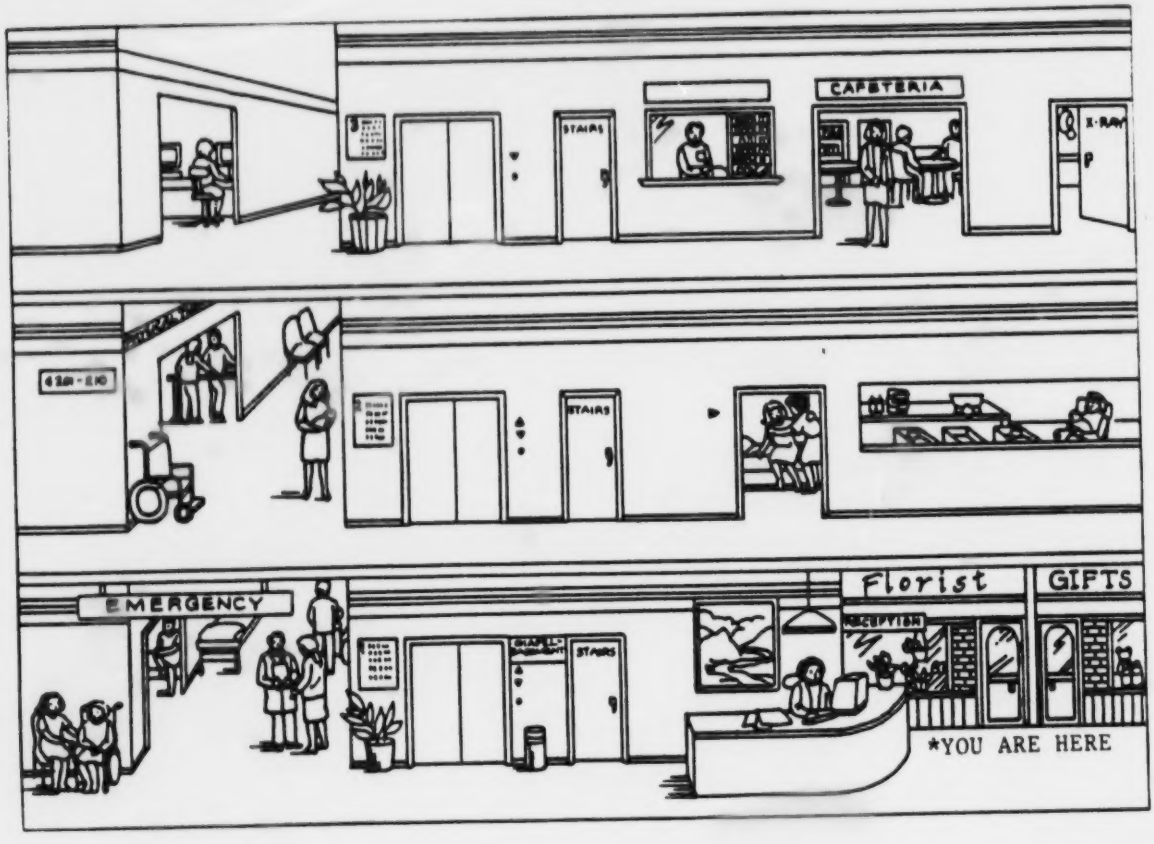
Student A

1. the pharmacy
2. the elevator
3. Room 2011
4. the computer lab

take the elevator to the 2nd floor
take the stairs
go up/upstairs
go down/downstairs

on the 2nd floor

it's down that way (point ← or →)



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2. Look at the map and review the expressions. Listen to your partner's questions and give directions. Then, ask for directions for the following places where you want to go. If you have any questions, ask the teacher.

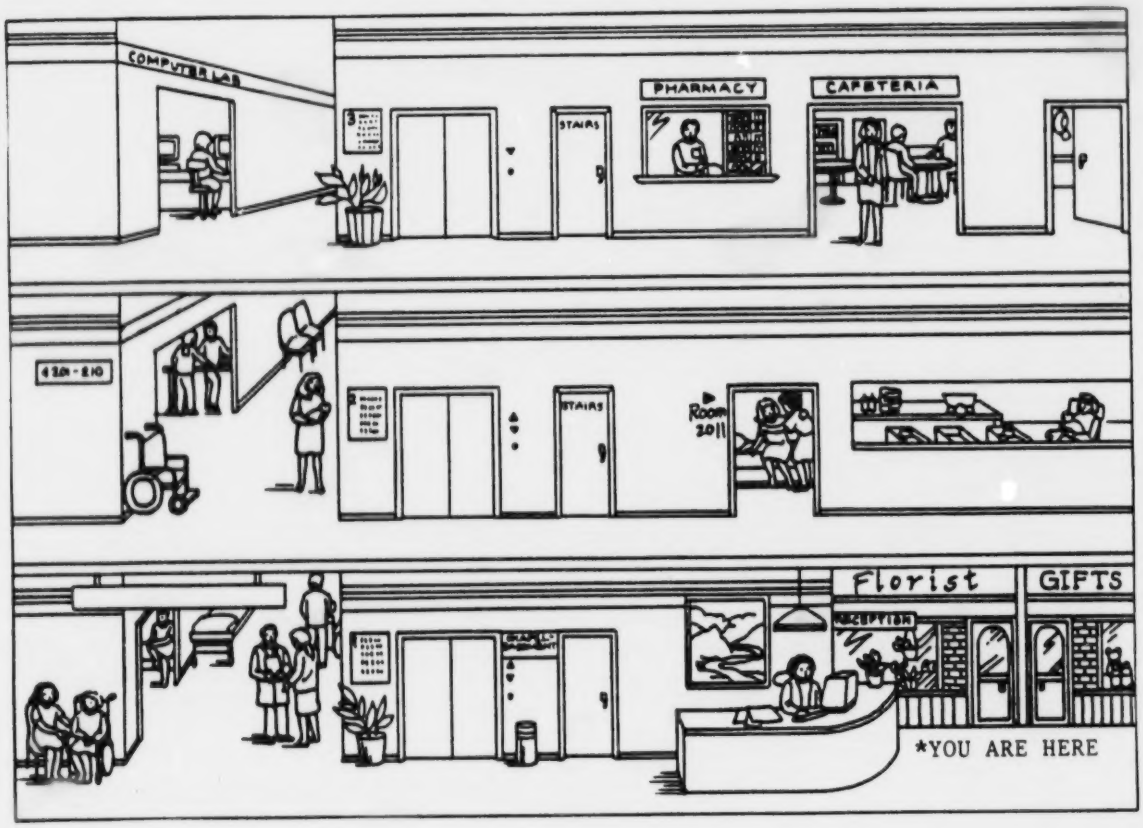
Student B

1. the emergency room
2. the X-ray Department
3. the stairs
4. the physical therapy unit

take the elevator to the 2nd floor
take the stairs
go up/upstairs
go down/downstairs

on the 2nd floor

it's down that way (point ← or →)



UNIT 3 COMMUNICATION WITH PATIENTS

SECTION 1: GIVING INSTRUCTIONS

1a. What's your blood pressure?

1b. Can you describe the procedures of taking blood pressure?

2a. Why do you think do many patients feel uncomfortable when they have to undress in the doctor's office?

2b. How would you feel if you had to undress and be examined by a doctor who is the opposite sex of yours?

2c. What do you think a medical assistant can do to help them feel better?

LISTENING

Listen to the dialogues between an assistant and patients in the treatment room. Then, answer the questions.

Dialogue 1

1. What did the assistant ask the patient to do before taking his blood pressure?

   _____

2. Did the assistant explain why she needed to take the patient's blood pressure?

   _____

3. Did the assistant give the reading to the patient?

   _____

Dialogue 2

1. Did the patient need to change into a robe?

   _____

2. What did the patient need to undress?

   _____

3. Why did the assistant close the door before the doctor came in?

   _____

4. Do you think the doctor would knock on the door when he/she came in?

   _____

USEFUL EXPRESSIONS

roll up/down your sleeve
hold out your arm

strip/undress (down) to your shorts
undress/strip to your waist/underwear
undress and leave on the top
undress and leave on your shorts

take off your ...clothes/shirt/pants...
put on ...your clothes/the robe...
change into the robe

the opening should be in back/front
leave the opening in back/front
leave it open in back/front
make sure the opening is in back

DIALOGUES

Listen to the dialogues between an assistant and patients in the examination room.

Dialogue 1

Assistant: Have a seat, Jon.
Patient: Ok. Are you going to take my blood pressure?
Assistant: Uh-huh. Would you roll up your sleeve, please?
Patient: Left or right?
Assistant: It doesn't matter. Here, hold out your arm. You'll feel some pressure on your arm, but just relax.
Patient: I'll try.
Assistant: ....Okay...80 over 120.

Dialogue 2

Assistant: Jon, here's a robe. You need to take off your clothes and put it on.
Patient: I do?
Assistant: Yeah. Just undress down to your shorts.
Patient: Undress the top only?
Assistant: Yeah, and leave it open in back.
Patient: Okay.
Assistant: I'll close the door. The doctor will be with you in a few minutes.
Patient: Thanks.

MATCHING

Match the instructions/request in Column A with the pictures in Column B.

A

____1. Could you roll up your sleeve?

____2. You'll feel some pressure on your arm.

____3. You may roll down your sleeve if you'd like.

____4. Take off your shirt.

d 5. You need to put on the robe.

____6. Leave the opening in front.

B.

a.

b.

c.

d.

e.

f.

LISTENING

A. Look at the pictures. John had an appointment for a check-up at Dr. Lee's office. Listen to the story told by Dr. Lee's assistant, Martha. Then, listen again and put the pictures in order. After you finish, listen one more time to check your answers.

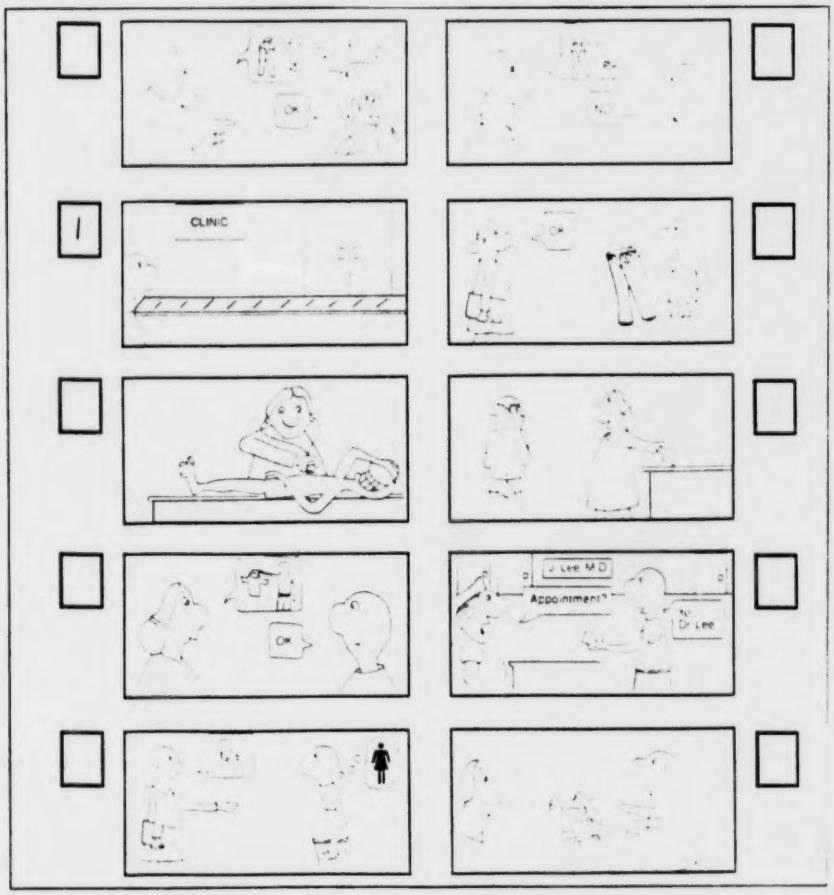
VOCABULARY

resistant (adj.) -- fighting against, remaining unchanged
Betty hated vegetables. She became resistant when her mother asked her to try some.

reassure (v.) -- to comfort and make free from fear or worry
Ann was worried that her work wasn't good enough, but the teacher reassured her.

embarrassed (adj.) -- feeling anxious, uncomfortable and self-conscious
The actress who forgot her line was embarrassed; her face turned red and she covered it with both hands.

crack up -- to giggle or laugh
Joe has great sense of humor. His jokes always crack us up.



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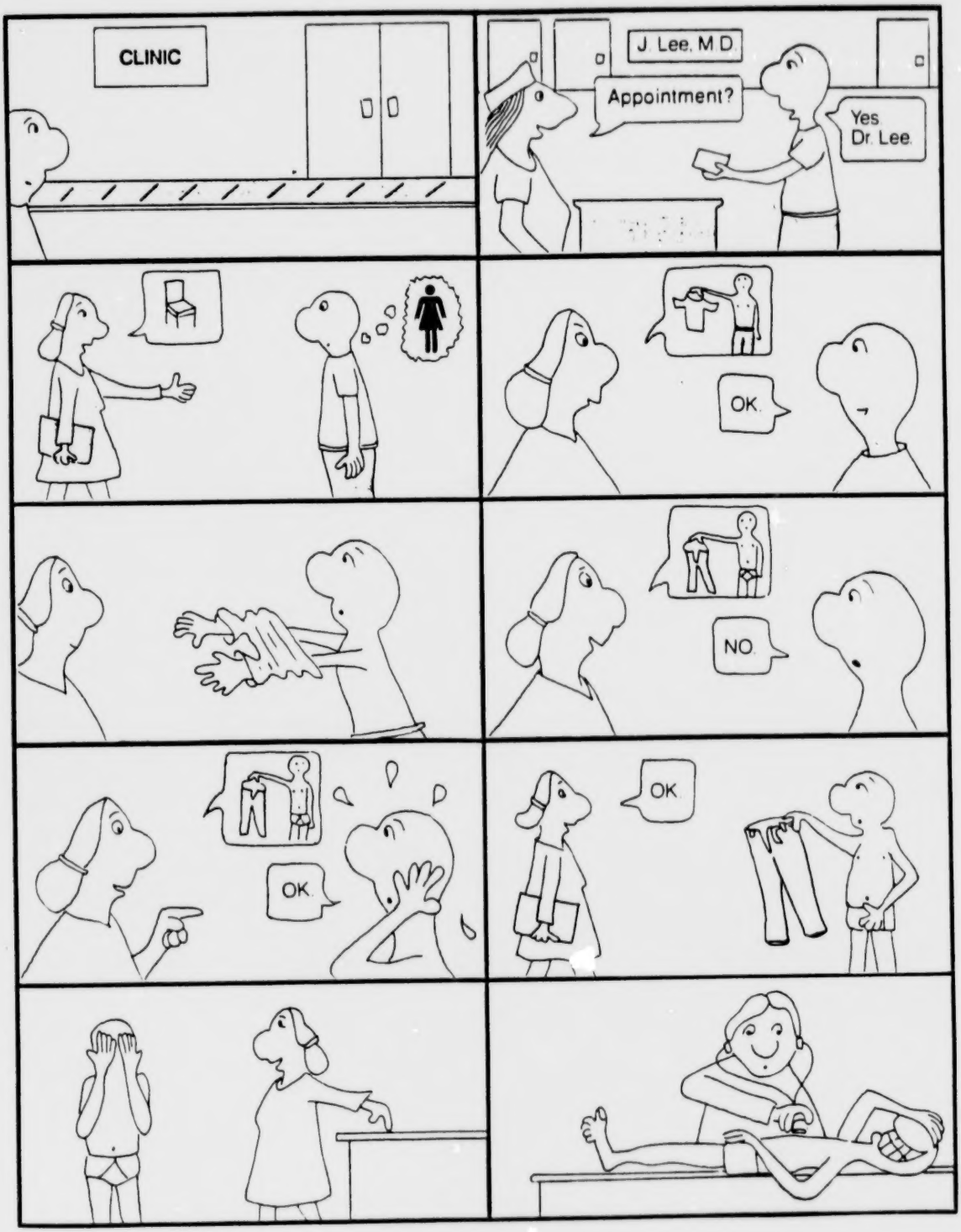
B. Look at the pictures in right order on page 32. Listen to the patient, John, and understand his story. Then listen again and fill in the blanks.

So I went to the _____ the other day. I had a _____ doctor, Dr. Lee. After I got to the _____, I asked to see the doctor. I _____ Dr. Lee and I discovered Dr. Lee was a _____. She asked me to _____ and she asked me to take off my shirt, which I _____. And then she asked me to take off my _____. I became so embarrassed because I've never _____ off my pants in _____ of a strange woman. But I had to for the _____, so I did take off my pants but I _____ very embarrassed and I turned very _____. Then she asked me to lie on the _____, which I did. And then she put the stethoscope _____ my stomach and that made me laugh because it _____ so much and it was so cold! So, I _____ just laughing and I was very embarrassed and it _____ the examination really difficult.

Now, listen one more time and check your answers.

DISCUSSION

1. Why was John surprised when he saw Dr. Lee?
   Would *you* be surprised if you were John? Why or why not?
2. Why was John resistant the first time Dr. Lee asked him to take off his pants?
   Why did he finally take them off?
3. Would you be as embarrassed as John was?
   What could the doctor or medical assistant do to make it easier for the patient?
4. Do you think John will feel more comfortable next time he comes in to the office?
   Explain why.


CLINIC
J. Lee, M.D.
Appointment?
Yes
Dr. Lee.
OK.
NO.
OK.
OK

ROLE PLAY

Work in pairs, one be the assistant, the other, the patient. The setting is the front desk of Dr. Lewis' office. The assistant should provide the patient with the following commands. Switch roles after you finish. Then, switch partners and practice again. (And be prepared to be videotaped by the teacher!)

- ❑ greet the patient when he/she comes in to the office
- ❑ direct this patient to wait in the waiting room
- ❑ get him/her in to the back office from the waiting room
- ❑ measure his/her weight and height
- ❑ tell the patient to go to an exam room (Room 6)
- ❑ get in to the exam room and take the patient's temperature and blood pressure
- ❑ ask the patient to strip to his/her underwear, put on a robe and leave it open in back.

SECTION 2: GETTING MEDICAL INFORMATION

Work together in groups of three or four. Discuss the following questions and then brainstorm/write down as many answers as possible.

1. As a medical assistant, what questions would you ask the patient regarding his/her medical problem?

2. Use the example below and think of as many questions as possible to get the patient's medical information.

   Jaclyn, a new patient, came in for a check-up. She said she seemed "hungry and tired all the time". She is 5'4¼" tall, weighs 205 lbs. and she turned 35 last month. Her blood pressure was 145 over 100 at her last visit eight months ago.

SAMPLE QUESTIONS

WHAT:
What can I/the doctor do for you?
What brought you here/along today?
What seems to be the problem?

HOW LONG:
How long has it (the problem) been bothering you?
How long has it been that way?
How long have you had it?
How long does it (the pain) last?
When did it start?

WHERE:
Where is the pain?
Where does it hurt?
Which part of your ...stomach... hurt?
Could you show me where?
Does it stay in one place or does it go anywhere else?

DESCRIBING THE PROBLEM/PAIN:
What's the pain like?
What kind of pain is it?
Can you describe it (the problem/pain)?

Does it wake you up at night?
Does it come and go?
What caused it?/What brought it on?
Does it come on in certain circumstances?
Does it come on at any particular time?

Is there anything that makes it better/worse?
Does anything make it better/worse?

Do you have any problem ...urinating/breathing/swallowing/lifting your arm...?
Do you have any problem with your ...chest/vision...?
Have you noticed any ...blood in your stools/change of (skin/stool) color...?

MEDICATION:
Have you taken anything for it (the problem/pain)?
Did it (the medicine) help?

MEDICAL HISTORY:
Have you ever had it (the problem) before?
Has there been any change in your health (since...)?
Are you ...pregnant/on any medication?
Does anyone else in your family have the same problem?

PRACTICE -- TALKING ABOUT COMMON ILLNESSES/PROBLEMS

1. With two or three partners, make a list of symptoms of each medical problem below.

a. The patient has **the flu**.

b. The patient is **allergic to seafood**.

c. The patient has **anemia**.

d. The patient has **lower back pain**.

e. The patient is **pregnant**.

2. Work with two or three partners from different groups and compare your lists. What other questions do you need to ask each patient about his illness (such as family medical history, etc.)? List them below.

a. The patient has **the flu**.

b. The patient is **allergic to seafood**.

c. The patient has **anemia**.

d. The patient has **lower back pain**.

e. The patient is **pregnant**.

Now, share the complete list with other groups by writing it on the board. Ask the teacher or other group members if you don't understand why certain questions should be asked.

3. Role play with one of your group members and go through at least two of the medical problems listed on page 36 and 37.

   Student A -- you are the assistant. Ask questions about the patient's illness/problem.
   Student B -- you a.e the patient. Answer the assistant's questions.

(Reference: Appendix A -- More About Gowning Instructions)

UNIT 4 PATIENT CONFIDENTIALITY

SECTION 1: ABOUT PATIENT CONFIDENTIALITY

READING

Form groups of four. Each group reads one paragraph and discuss. Circle words you don't understand and ask your teacher. Discuss the meaning of your paragraph with your group members. When all groups are finished, the representative of each group will report (summarize and explain) the paragraph and answer questions.

A. Privilege of Patient Confidentiality

The law protects the patient's right of confidentiality. By law, employees of health care organizations--medical offices, hospitals, and so on--are responsible for keeping all patient information confidential. Under such legal protection, the patient should be free from fearing that his/her personal medical information will be revealed to others.

Certain information, however, needs to be kept as public record, such as births, deaths, accidents and police cases. The physician must report this information immediately.

"The legal concept of ***privilege of patient confidentiality*** *guarantees that the medical information a patient gives the physician will be held in greatest confidence, by both the physician and the physician's employees. The contents of the medical records must also be safeguarded and held in complete confidentiality. The privilege of releasing information belongs to the patient, not to the physician.*

"The privilege of patient confidentiality assures patients that their records will be kept in complete privacy, even in court, unless they give written permission."

Doris D. Humphery
Contemporary Medical Office Procedures, 1990

Answer the questions.

1. Chuck Morris was hospitalized due to an injury as a result of drinking and being drunk at work. His manager, Mr. Frank Ellenberg, suspected that Chuck had a drinking problem, so he called Chuck Morris' doctor and asks about Chuck's drinking habits as well as the doctor's diagnosis. What information can Frank Ellenberg actually get?

   _____

   _____

   _____

   _____

2. Kwok-ming Tam is Dr. Tucker's patient. He called and said he needed to see the doctor right away because he was bleeding, and he claimed that someone he didn't know stabbed him in the arm and ran away. The assistant told him to come in immediately. What should the assistant do next?

   _____

   _____

   _____

   _____

B. Exception to the Physician/Patient Privilege

The ***exception to the physician/patient privilege*** protects society against illegal and harmful acts by or against the patient. For example, if an emotionally disturbed patient threatens to harm another person and shows the doctor the gun that will be used, the physician is required by law to report the threat to authorities, such as the police.

It is also required that the doctor report gunshot wounds, rapes, stabbings and other crimes against patients. However, only the doctor may provide the information that he/she believes will be helpful in solving the crime.

Employees of the health care organizations are responsible for reporting to the doctor any unusual cases that may involve a crime, such as child abuse or abuse against the elderly. For example, if a patient verbally and physically abuses a child he/she is with in the waiting room, the assistant should report this information to the doctor right away.

DISCUSSION

Work with two or three people on the following questions. Present your answers to the class and discuss, as a whole group, all the answers.

1. Floyd came in for an appointment. He said that he has been having a headache and that he believed it's caused by his boss, Ivan. "He spies on me every minute to get a chance to fire me," he says. Floyd also showed the assistant the knife he bought for "fighting back" and "taking care of Ivan." What should the assistant do?

   _____

   _____

   _____

   The day after Floyd's visit, his boss called the Doctor's office and asked about medical details regarding Floyd's visit. What should the assistant say to him?

   _____

   _____

   _____

2. Ted called and made an appointment for her daughter, Martha, for "she fell down some stairs and seems to hurt her arm." Martha appeared to be very energetic; she run around in the waiting room and knocked things over. Ted yelled at her furiously every time she got in trouble. Finally, when she spilled drinks on the floor, he dragged her over and hit her in the head. Martha cried loudly while Ted threatened not to give her anything for dinner if she didn't stop crying right away. What should the assistant do?

   _____

   _____

   _____

3. Shirley Moore, a famous movie star, is Dr. Lawrence's patient. The assistant got a call from a local TV station:

   "This is KABC-TV calling. We've just heard that Shirley Moore's mother tried to commit suicide and has been brought to your office. Is that true?

   "Well, then just tell me if Shirley Moore's mother is in your office now so I can come and shoot some footage..."

   What is the assistant supposed to say?

   _____

   _____

   _____

4. Read the article from *The Alameda Journal*. Answer the questions.

The Alameda Journal • August 19 - August 22, 1994 Page 3

Oakland woman injured in shooting

From Journal staff reports

An Oakland teen was shot once in the back as she and friends fled a gun-wielding man on Harbor Bay Parkway Aug. 17.

The victim, 18, and her friends could give no reason why the suspect would want to fire at them.

They were sitting along the shoreline area on Harbor Bay Parkway when a group of about 15 people, mostly Asian teens, walked by.

The groups were engaging in casual conversation, according to Sgt. Randy Beetle, when a member of the larger group pulled out a handgun and started waving it around.

The victim and her friends fled. The suspect, who was described as a 19-year-old Asian male, started firing the gun at them. He was reportedly very intoxicated.

The victim was struck once in the shoulder and fell to the ground. Her friends picked her up and they ran to their car.

She was treated for the single gunshot wound and released at Kaiser Medical Center in Oakland. The wound was caused by a gun of unknown caliber.

Beetle said no members of the group containing the suspect have been located.

a. How would the reporter know about the woman victim's age, injury, and the hospital where she was treated?

_____

_____

b. Why wasn't her name mentioned?

_____

_____

c. Do you thinks it's okay for the newspaper to publish her medical condition, the hospital she was in, and the whole incident? Why or why not?

_____

_____

SECTION 2: PATIENT CONFIDENTIALITY ISSUES

What are some common issues regarding medical records and patient confidentiality? Mark each statement "**True**" or "**False**".

	True	False
1. Your medical record is created when you received medical treatment from a health care provider such as a physician, nurse or a specialist.	_____	_____
2. You must waive your right to confidentiality if you ask your insurance coverage to be made directly to your health care provider.	_____	_____
3. When you receive treatment, you must sign a waiver such as the general consent forms in order to release your medical information.	_____	_____
4. Government agencies may request your medical records to verify claims made through Medicare, MediCal or Workers' Compensation.	_____	_____
5. Insurance companies may directly share patients' medical information with each other.	_____	_____
6. An employers who pays medical insurance for its employees may require insurance companies to provide copies of their medical records.	_____	_____
7. Once an employer obtains its employees' medical records, they become the employer's property and may be shared by other people or agencies.	_____	_____
8. Employers have the right to ask job applicants about their medical information.	_____	_____
9. An employer may ask for a physical examination only if all employees holding similar jobs are required.	_____	_____
10. A patient's medical records may be subpoenaed for court cases.	_____	_____
11. In California, a patient is allowed to inspect his/her own medical records within five days of a written request.	_____	_____
12. If a health care provider allows a patient to inspect his/her medical records, the service must be free of charge.	_____	_____
13. A health care provider may deny its patient's request for inspecting his/her medical records.	_____	_____

(Reference: Appendix B -- *Privacy Rights Clearinghouse*)

FOR YOUR INFORMATION

- The news media may request information about patients involved in accidents. Information such as the patient's name, address, age, sex, race, external and internal injuries, and state of consciousness may be reported because it is a matter of public record. However, a physician may not make such statements as a patient attempting suicide, a patient being intoxicated or using drugs.

- A doctor's assistant who carelessly release confidential information can cause legal problems for themselves, the doctor can also be sued.

- With a written order, the court may request to open the patient's medical record. However, the patient can also allow only a part of his medical record to be opened and the judge will then decide which parts should be considered private. In certain cases, the patient also has the right not to allow his medical records to be opened.

  After the case is decided, the patient can ask the judge to "seal" the court records containing his medical information; it means they will not become public records to be reviewed by anyone.

- If a medical assistant learns that a doctor is guilty of wrongdoing, he/she must report the crime to the authorities; otherwise, he/she can be prosecuted as an accessory. (An accessory is a person who is not present at a crime but who helps someone else in doing it either before or after the crime.)

- For more information regarding patient confidentiality and medical records privacy, contact:
  1. The Privacy Rights Clearinghouse Hotline: 1-800-773-7748
  2. The Medical Board of California: 1-800-633-2322

  For a copy of the brochure, "Your Health Information Belongs to You", send $1.00 to:
  The American Health Information Management Association
  919 N. Michigan Avenue
  Chicago IL 60611-1683

SECTION 3: EXPLAINING PATIENT'S RIGHTS

LISTENING

Listen to the patients talking about their problems and difficulties. Answer the questions.

Patient 1

Anna, a new patient, came in to the office and filled out a patient information form but she left out important details such as date of birth, social security number, and specific information about work and her medical problem. Listen to what she said when the assistant asked her about the missing information. Listen again and answer the questions.

1. Where did Anna get her medical insurance?

   _____

2. What might be her medical problem? Can you describe its symptoms?

   _____

3. Why wouldn't she reveal her personal and medical information?

   _____

4. What would you say to Anna?

   _____

Patient 2

Lisa is 19 years old. She came in to her family doctor's office along and wouldn't give specific reasons for the visit except for "a regular check-up". Though she's covered by her parent's insurance, she asked to pay in cash on her own for this visit. Listen to what she said when the assistant asked her about her problem.

1. What might be the actual reason for Lisa's visit?

   _____

2. Why wouldn't she tell in the beginning?

   _____

3. Does the doctor know Lisa and her family? Why?

   _____

4. What would you say to Lisa?

   _____

WRITING

Compare with others what you would say to Anna and Lisa. Work with three or four partners and make a dialogue between the assistant and either Anna or Lisa.

Now, each group needs to have two people acting out the dialogue in front of the class. The class then comment on the assistant's responses. Generate a list of appropriate expressions for explaining patient's rights to confidentiality.

LISTENING

Listen to each dialogue between the patient and a medical assistant. Write down your answer to continue or finish it. Hand in this page to your teacher.

1. _____
_____
_____
_____
_____

2. _____
_____
_____
_____
_____

3. _____
_____
_____
_____
_____

4. _____
_____
_____
_____
_____

SECTION 4: RESPONDING TO REQUESTS FOR PATIENT INFORMATION

USEFUL EXPRESSIONS

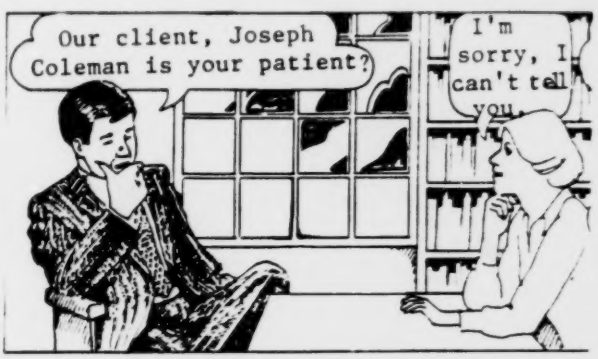
I'm sorry,
- but I don't know and can't tell you if he/she is Dr. Lee's patient.
- but I can't release any medical information without permission.
- but I can't give you any medical record without the patient's authorization.
  - signed release
  - written release

DIALOGUES

Listen to and practice the dialogues.

Dialogue 1

Assistant: Good morning. May I help you?
Visitor: My name is Leo Hartley. I'm with the All-State Insurance Company. I have some questions about one of our clients, Joseph Coleman. He's your patient, isn't he?
Assistant: **I'm sorry, but I can't tell you whether or not he our patient.**
Visitor: I see. May I talk to Dr. Adams?
Assistant: He is with a patient. Would you like to wait or leave a message?



Dialogue 2

Dr. Stevenson is conducting workers' examinations on the work site with two assistants.

Manager: Excuse me?
Assistant: Yes?
Manager: My name is Jerry Buckley. I'm the general manager here.
Assistant: Jim Turner. Nice meeting you. How may I help you?
Manager: I want to see Louis Carlton's file.
Assistant: I'm sorry, Ms. Buckley. **I can't do it without his permission.**
Manager: But the files belong to the company, don't they?
Assistant: **I can only give you the information with a signed release.**

GRAMMAR SUMMARY

Tag Questions (Questions added at the end of a statement)

He is one of your patient, isn't he?	He's not your patient, is he?
The files belong to the company, don't they?	They don't belong to the company, do they?
You gave him the record, didn't you?	You didn't give him the record, did you?
I can have the file, can't I?	I can't give him the file, can I?
positive statement→negative tag question	**negative statement→positive tag question**

Add tag questions to the following.

1. You are one of Dr. Webster's patients, *aren't you*?
2. He works for you,
3. Dr. Wong is not in,
4. The lab doesn't open on Saturdays,
5. The patient cannot come back tomorrow,
6. We sent him the bill already,
7. They would like to make an appointment,
8. I didn't cancel my appointment,
9. Accidents and police cases are public records,
10. You'll keep my medical record confidential,
11. Jim Carr didn't show up,
12. She wouldn't know the test result,
13. I can review my personal file anytime I want,
14. You don't happen to have any openings on Friday,

PRACTICE

Student A

Dialogue 1

Assistant: Hi, may I help you?
Visitor: .....
Assistant: Yes, how may I help you?
Visitor: .....?
Assistant: **I'm sorry, but I can't tell you if he is Dr. Jones' patient.**
Visitor: .....
Assistant: **I understand that, but I really can't give you any information.**

Dialogue 2

Visitor: Excuse me?
Assistant: .....?
Visitor: My name is Jerry Watson. I'm with Ace Construction.
Assistant: .....?
Visitor: I need to see Lou Carson's file.
Assistant: .....
Visitor: What permission?
Assistant: .....

Student B

Dialogue 1

Assistant: .....?
Visitor: My name is Joe Riley. I'm with Hurtz Rental.
Assistant: .....?
Visitor: I have a few questions about a client, Jose Sanchez. He's your patient, isn't he?
Assistant: .....
Visitor: Listen, he was involved in a serious accident; we have to verify his insurance claim.
Assistant: .....

Dialogue 2

Visitor: .....?
Assistant: Yes?
Visitor: .....
Assistant: How may I help you?
Visitor: .....
Assistant: I'm sorry, Mr. Watson. **I can't release it without permission.**
Visitor: .....?
Assistant: **The patient's permission. To give you the information, I need his signed release.**

LISTENING

A. A.Listen to the dialogues between the medical assistant and visitors at Doctor Low's office. Then, listen to the following answers. Choose the best ones which the assistant should respond to the visitors.

1.	2.	3.	4.	5.
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c

B. Listen to the dialogues and choose the best answers.

1. a. I'm sorry, Dr. Chan is with a patient at the moment. What happened?
   b. I'm sorry, Dr. Chan is with a patient right now. Would you like to make an appointment?
   c. I'm sorry, Dr. Chan is with a patient now. Do you have a medical problem?

2. a. Would you like to make an appointment?
   b. May I ask what this is regarding?
   c. Would you like to wait or come back later?

3. a. I'm sorry, I can't give you any information without authorization.
   b. Would you wait a moment while I get his file?
   c. Would you wait a moment while I talk to the doctor?

UNIT 5 POLITE QUESTIONING STRATEGIES

SECTION 1: DISCUSSING INSURANCE AND BILLING

GETTING READY

A.
Read the statements and check "TRUE" or "FALSE." Compare your answers with others' and explain why you checked them that way.

	TRUE	FALSE
1. The best time to discuss insurance or billing charges is at the patient's first visit.	_____	_____
2. Always discuss finances and billing with the patient in a private place.	_____	_____
3. You can either give the patient a written copy of the payment policy of your medical office/organization, or explain it verbally.	_____	_____
4. The billing policy is always printed on the patient information record.	_____	_____
5. You should allow enough time for the patient to read patient to read the policy and ask questions.	_____	_____
6. You should never ask a new patient whether or not he/she has insurance.	_____	_____
7. The patient is responsible for paying the doctor's fee.	_____	_____
8. Only government-funded programs, such as Medicare, pay the total fee for medical procedures.	_____	_____
9. A medical assistant should explain to patients their responsibility to pay the balance of the bill.	_____	_____

B

Look at the picture. An assistant is discussing the office billing policy with a patient.

Guess: Who's the patient, the woman or the little girl? What are their relationship?
What's her medical problem? Do you think they (or one of them) have insurance?
What information does the assistant need to get from them? What are they saying?

Can you make up a story and dialogue between them?

BEST COPY AVAILABLE

C.
Listen to the dialogues between the assistant and patients. Mark the assistant's responses "Appropriate" or "Inappropriate".

	Appropriate	Inappropriate
Dialogue 1:	_____	_____
Dialogue 2:	_____	_____
Dialogue 3:	_____	_____
Dialogue 4:	_____	_____

D.
Listen and mark the assistant's statements "Appropriate" or "Inappropriate" Pay attention to the words as well as the tone.

	Appropriate	Inappropriate
1. We need to talk about how you should pay us.	_____	_____
2. I understand you have no insurance coverage.	_____	_____
3. Do you have insurance?	_____	_____
4. Can you pay us today?	_____	_____
5. Our policy is to have the patient pay 50% of the the doctor's fee in advance.	_____	_____
6. I didn't make the payment policy--I'm just doing my job.	_____	_____
7. We'll send you a bill.	_____	_____
8. Should I bill your insurance first?	_____	_____
9. You know we'll have to charge you interest if you can't pay in full.	_____	_____
10. We'll see you in court.	_____	_____

Listen again and check your answers. Share them with others. Ask if you don't understand why certain statements are marked that way, and be prepared to answer the same questions also.

USEFUL EXPRESSIONS

Openings

Can I talk with you about the doctor's billing policy?	It won't take long.
I'd like to go over our payment policy with you.	It'll take about ___ minutes.
I need to discuss our office policy with you.	It won't take up much of your time.

(Before your next appointment,) I have to explain our payment policy.

With Written Policy

Here's a copy of our billing policy.	Please take a look at it.
This is a written copy of the office policy.	Please take some time to read it.
	Please take your time reading it.

Offer Assistance

Would you like me to go over it with you?
Do you want me to translate it for you?
Do you need me to explain it to you?

If there's anything that's unclear to you,	I'll be glad to answer your questions.
If you have any questions,	please feel free to ask me.
	Just ask me.
	I'll be happy to help.

Recognize Patient's Insurance Status

Our record shows that	you don't have medical insurance.
I understand that	*TakeCare* covers a portion of your medical expenses.
I know	you're covered by Qual-Med.
	you have AEtna.

Explain the Policy Verbally

(in case of large fees or patients without insurance)

Our policy is to	have the patient pay __% of	the doctor's fee	in advance.
Dr. __ usually	asks the patient to pay __% of	the surgery cost	on the day of surgery.
Dr. __	collects __% of	the total fee	at the time of service.
We	requires payment		once the services are
According to our policy, we expect		payment	completed.

You may file a claim with your insurance company (for reimbursement).
We'll reimburse you when we receive payment from your insurance company.
We expect you to pay the balance of the bill./You are responsible to pay off the difference.

Ask for Payment

(to patients with insurance)
We'll bill your insurance (first).
We'll send you a bill.
Would you like to pay first and then get reimbursement from your insurance company?
Do you prefer to pay first or do you want us to bill your insurance company?

(to patients without insurance)
Can/Could you make the payment today?
Would you like to pay in cash, with a check or a credit card?
How would you like to pay?/How would you like to make the payment?
If you pay the doctor today, he/she can give you a __% discount.

Give Suggestions

If the amount exceed your budget,	we can work out a payment plan.
If you're not ready to pay in full,	we can set ___ installments for the amount.
If you prefer to pay the payment later,	we can create a financial contract that will allow you to pay a portion of the fee each month.

A financial/monthly/service charge of __% will be collected.
We'll charge an addition of $__ (for such financial service).
There'll be a __ financial charge.

Closing Good Customer Service

We just want to work with you and have our policy work for you.	Do you have any more questions?
I hope the office policy is clear and acceptable to you.	Thank you for your time and patience.
I hope you understand our payment policy.	
It's important that there's no misunderstanding between us. we make it clear to patients.	

CULTURE NOTE

In your culture, do people discuss money openly? and how do people pay for services, such as medical care, home improvement, etc.?
Do you feel uncomfortable when you have to discuss payment or money issues with customers?

Money is important to Americans, so are numbers. Most Americans feel that they should be able to take care of themselves by being financially independent and responsible. Usually, they are very careful about money matters. To discuss payment and money issues with customers professionally is not only acceptable but also expected by American customers. In the discussion, people also appreciate reasonable payment policies, a sincere attitude and a friendly tone of voice.

DIALOGUES

Listen and practice.

Dialogue 1

In the reception area of Drs. Dwight and Lee's office, a patient came in.

Assistant: Good morning. May I help you?
Patient: My name is Miguel Hernandez. I have an appointment with Dr. Lee at 11:00.
Assistant: I see. This is your first visit?
Patient: Yes.
Assistant: Have a seat. Here's a patient information form. Take your time to fill it out.

(10 minutes later, after Miguel handed in the form.)
Assistant: Excuse me, Miguel. Can we go over the billing policy with you real quick? It'll take just a few minutes.
Patient: Sure.
Assistant: You're covered by Blue Shield, so we'll bill them directly after each visit unless you prefer us to bill you first.
Patient: No, that's fine.
Assistant: I hope you understand that you'll be responsible for the balance of the bill.
Patient: I'm sorry, I don't really know what you mean by that.
Assistant: Well, for example, if Blue Shield only pays 80% of the bill, we expect you to pay off the 20% since you don't have a second insurance.
Patient: I see.
Assistant: In that case, we'll send you a bill of the 20%. You have 30 days to make the payment.
Patient: What if I don't have enough money in 30 days?
Assistant: Then you need to let us know as soon as possible. We can work out a payment plan and you only need to pay a portion of the balance each month. A financial charge of 2% will also be collected.
Patient: That sounds reasonable.
Assistant: We want the policy work for our patients. If you have any other questions, feel free to ask me.
Patient: I will.
Assistant: Thank you for your time.
Patient: Thank you.

Dialogue 2

A patient, Mr. Tran, is going to have a surgery. The assistant is trying to collect payment and explain the policy to him.

Assistant: Here's an itemized bill, Mr. Tran. Our policy is to have the patient pay 70% at the time of service, so it'll be $700.

Patient: My insurance company should cover that.

Assistant: **I'm sure they'll cover most or all of it, but because this amount is quite large, Dr. Tam requires partial payment at the completion of the surgery.**

Patient: What if my insurance pays you later?

Assistant: Then we'll send you a check of the amount we receive. You may also wish to collect from your insurance company directly.

Patient: How do I do that?

Assistant: You can file a claim with you insurance company and ask them to pay you directly.

Dialogue 3

The patient, Mr. Tran, received $640 from his insurance company for the surgery. The assistant is explaining to him the insurance policy.

Patient: I got only $640 back from my insurance company!

Assistant: Mrs. Tran, according to your insurance policy, you're responsible for $200 deductible, and your insurance company pays only 80% for the surgery you had. That's why you received $640 of your claim.

Patient: I still don't understand.

Assistant: $1000 minus $200, your deductible, is $800. Your insurance then pays 80% of $800, so that's $640.

Patient: I see. I wonder why I buy insurance at all if it's so difficult to figure out how much they pay while they don't pay as much as I need it.

Assistant: Different insurance companies have different policies. You can ask the personnel manager of your company to explain your coverage. Insurance policies can be *very* confusing.

$1,000	-- surgery fee
- $200	-- patient's deductible
$800	
x 80%	-- insurance coverage
$640	-- actual payment from the insurance

PRACTICE

Find a partner and practice the dialogues. Look only at your part.

Student A

Dialogue 1

Patient: What's your billing policy?
Assistant: .....
Patient: OK.
Assistant: .....
Patient: That's okay.
Assistant: .....
Patient: Thank you.

Dialogue 2

Assistant: Excuse me, Jerry. I'd like to go over our payment policy with you. It'll take about 10 minutes.
Patient: .....
Assistant: I understand that you're not covered by any insurance.
Patient: .....
Assistant: Our office policy is to have the patient pay on the day of the medical service.
Patient: .....
Assistant: I see. I'll have to check with the office manager. I'll be right back.
Patient: .....

(a few minutes later)
Assistant: The manager said you could pay half for now--that'll be $55. Then, we'll send you a bill for the balance. If you're not ready to make any payment today, we can work out a payment plan that will allow you to pay only a part of the fee each month. A small finance charge will also be added.
Patient: .....

Student B

Dialogue 1

Patient: .....?
Assistant: Sure. Here's a written copy of the policy. Take your time reading it.
Patient: .....?
Assistant: Would you like me to translate it for you?
Patient: .....
Assistant: If you have any questions, I'll be happy to help.
Patient: .....

Dialogue 2

Assistant: .....
Patient: Okay.
Assistant: .....
Patient: No, I'm not.
Assistant: .....
Patient: Oh, I....I didn't expect that. I thought you'd bill me later.
Assistant: .....
Patient: Okay.

(a few minutes later)
Assistant: .....
Patient: I think I can pay half today...

READING

Read the dialogue. Fill in the blanks with the expressions in the box. After checking your answers, practice the dialogue with a partner.

Here's a written copy of the payment policy of this clinic. I need to discuss our payment policy with you. If you have any financial difficulties, let us know as soon as you receive the bill. Here's a patient information form. I understand that you're covered by your wife's insurance. If you have any questions, just ask me.

Patient: Excuse me. Is this Dr. Vargas' office?
Assistant: Yes. May I help you?
Patient: My name is Bill Stephens. I have an appointment at 2:45.
Assistant: Are you a new patient?
Patient: Uh-huh.
Assistant: _____. Take your time filling it out.
Patient: Okay.

(10 minutes later)
Patient: I think it's done.
Assistant: Thank you. _____. It'll take about 5 or 10 minutes.
Patient: Sure.
Assistant: Let's go to the doctor's office and discuss it there.
Patient: All right.
Assistant: _____. What we'll do is that we'll bill the insurance company first, and if they cover only a portion of the doctor's fee, we'll send you a bill for the balance.
Patient: Okay.
Assistant: _____. Then, we can work out a payment plan to make it easier for you to make the payment.
Patient: That's good to know.
Assistant: _____. It covers more details of the billing procedures.
Patient: Okay.
Assistant: Take your time. _____.
Patient: I will. Thank you.
Assistant: You're welcome, and thank *you* for your time.

WRITING

Write a dialogue with a partner for the following situation.

A medical assistant is explaining the payment policy to a patient, Maria: she is going to receive physical therapy once a week for five weeks. The total fee is $750 and the patient pays 50% of it at the completion of the first therapy, according to the policy of the therapy center. Monthly or bi-monthly installments are accepted but a financial charge of 5% will be collected if the patient adopts such payment methods.

ROLE PLAY

Fine a partner and role play the above situation. Do not look at the written dialogue above. Look at your partner as if you were talking to an assistant or a patient in a medical office. When you are done, switch roles and practice again. Then, switch partners and practice a few more times.

UNIT 6 WAITING ROOM MANAGEMENT

GETTING READY

1. What type of environment do you think patients would like to be in?
2. What impression could a medical assistant give the patient on the phone or in person?
3. What are some possible problems an assistant may have to handle in managing the waiting room?

SECTION 1: COMFORTING ANXIOUS PATIENTS

Listen to and read both dialogues. Answer the questions. Find a partner and practice the dialogues.

Dialogue 1

Mrs. Peters is in the waiting room with his grandson, Jimmy. She seems worried as she approaches the assistant..

Patient:	It's been 3 days since our last visit.
Assistant:	I remember that.
Patient:	I make sure Jimmy takes the medicine Dr. Ching prescribed everyday, three times a day, but his coughing seems worse.
Assistant:	Does he have a fever?
Patient:	Not really.
Assistant:	Mrs. Peters, I understand how concerned you are because you think Jimmy hasn't responded to the medicine. Sometimes it *does* take quite a few days for improvement to show.
Patient:	I'm just worried about the possibility of complications.
Assistant:	I'm sure Dr. Ching will check him carefully.

Dialogue 2

Jimmy came out of the men's room 15 minutes after he went in for a urine sample.

Assistant:	Hi, Jimmy. Are you all right?
Patient:	Not really.
Assistant:	Don't worry, Jimmy. It's okay if you can't give us a sample now. You can try again before you leave the office.
Patient:	Uh-hum.
Assistant:	And if that doesn't work, then we'll give you a plastic container. Take it home and your mom or grandma can bring it back tomorrow. OK?
Patient:	All right.

Answer the questions about dialogue 1 and 2.	YES	NO
1. The assistant tried to understand both patients' feeling.	____	____
2. The assistant promised that Jimmy's condition will improve.	____	____
3. The assistant provided Jimmy with an alternative in case he couldn't get a urine sample.	____	____
4. Jimmy's stress was relieved.	____	____

USEFUL EXPRESSIONS

Recognize the Patient's Difficulties

I understand.....	I understand your concern... how concerned you are...
I know.....	I know you've been worried... how you feel...
It must be.....	It must be hard to see him sick...

If I were you, I'd be just as concerned/worried...

Comfort the Patient

Sometimes it takes quite a few days for improvement to show.
It's normal that the pain doesn't go away in the first few days.
It's not unusual that the symptom lasts a few more days.
Some patients need more time (than others) to recover.

Don't worry about ...(the urine sample)...
It's okay if...(you can't give us a sample now)...

Give Suggestion

You can/may ...	You can try again before you leave the office.
It doesn't work, (then)...	If it doesn't work, then we'll give you a plastic container.
Why don't you...	Why don't you take this container home and try again.

ROLE PLAY

Role play the situations, following the instructions. Look only at *your* instructions. Read them carefully and ask the teacher (before the activity begins) if you have any questions. When you are done, switch roles and practice again.

Student A -- Patient

1. This is your fist visit at Dr. Rogers' office. You don't know what's going to happen even though it is only a regular check-up. Express your concern to the medical assistant.

2. The medical assistant just told you that you need to have your blood drawn for a test. You are afraid of such a procedure because you passed out last time when a lab technician drew your blood. Tell the assistant about it and ask for his/her advice.

3. You came to the hospital with your grandfather who has been ill for a long time. You're also worried that he may not be able to communicate with the doctor. Tell the assistant about the situation and ask the assistant if he/she could translate for your grandmother during the doctor's treatment.

Student B -- Assistant

1. A new patient is coming to talk to you. Listen carefully and respond appropriately.

2. Tell the patient he/she needs to have a blood test. Then listen to the patient's concern and comfort him/her. Give suggestions or alternatives if the situation becomes really difficult for the patient.

3. Listen to the patient and respond accordingly and appropriately.

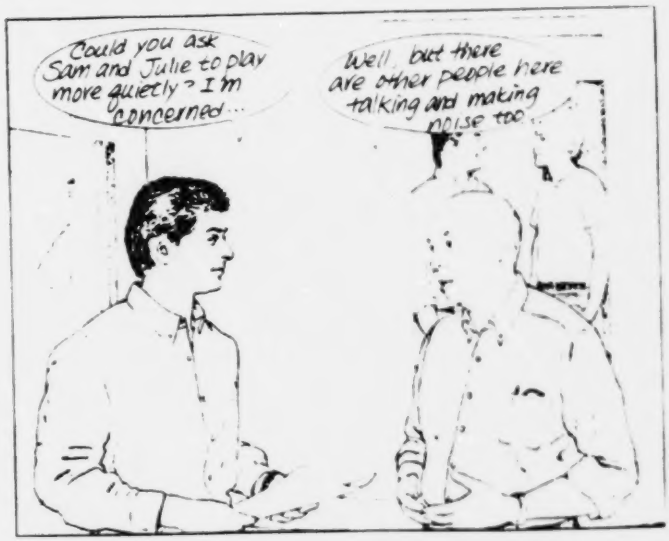
SECTION 2: HANDLING DIFFICULT SITUATIONS

Dialogue 1

Mr. Sun and his two children, Sam and Julie, came to the clinic. The children make a lot of noise playing in the waiting area. One of the patients in the waiting room goes to the assistant to complain about it.

Patient: Excuse me?
Assistant: Yes, Mrs. Chang?
Patient: Those kids are making a lot of noise. They're giving me a headache. Could you ask them to keep it quite?
Assistant: Sure. I'll do that as soon as I'm done with another patient.
Patient: Thank you.

(a few minutes later)
Assistant: Excuse me, Mr. Sun. Could you ask Sam and Julie to play a little more quietly? I'm worried that the noise is bothering some of our other patients.
Patient: Well, other people are talking here. Don't they also make noise?
Assistant: Yes, I know, but their conversations aren't very loud. If necessary, I'll ask them to speak more quietly.
Patient: That's okay.
Assistant: If you like, I'll get Sam and Julie some books to read.
All right. Thanks.


Could you ask Sam and Julie to play more quietly? I'm concerned...
Well, but there are other people here talking and making noise too...

Answer the questions.

	YES	NO
1. The assistant should help Mrs. Chang immediately.	____	____
2. The assistant explained to the children why the noise was a problem.	____	____
3. The assistant also asked other patients to lower their voice.	____	____
4. The assistant gave other patients some books to read.	____	____
5. Mr. Sun was being defensive when he was told that his children were making much noise.	____	____
6. The assistant offered Mr. Sun help to keep his children quiet.	____	____

Dialogue 2

Laurie and a few other patients are waiting. There is a 45-minute delay because of an emergency. Some patients have started complaining about the delay. Laurie is now worried about being late for work.

Patient: Excuse me. Can I have a word with you?
Assistant: Yes, Laurie?
Patient: I didn't expect this delay. I really need to be seen right away.
Assistant: I'm sorry about the delay, Laurie, but I'm sure you understand it's important for the doctor to see emergency patients right away.
Patient: I know, but I really can't wait.
Assistant: There are 3 people ahead of you, and they also want to be seen right away. Your wait won't be much longer, at most 30 minutes.
Patient: Is there any way I can be placed ahead of them?
Assistant: I'm sorry but I'm afraid not. You may reschedule the appointment if you like.

Answer the questions.	YES	NO
1. The assistant recognized that the patient's point is valid.	____	____
2. The assistant tried to give the patient an idea about how long the additional wait would be.	____	____
3. The assistant tried to place the patient ahead of others.	____	____
4. The assistant offered an alternative to waiting.	____	____
5. The assistant should help Laurie by placing her ahead of other patients.	____	____

USEFUL EXPRESSIONS

Make a Request

Would you mind...?	Would you mind moving over one more seat?
Could you/Would you...?	Could you ask them to be a little quiet?

Express Concerns

I'm worried that...	I'm worried that I may be late for work.
I'm concerned about...	I'm concerned about the delay.
I'm afraid...	I'm afraid we have to ask you to smoke outside

GRAMMAR SUMMARY

Make a Request

more polite
- I hope you don't mind my asking, but I wonder if it might be possible for you to smoke outside.
- Do you think you could possibly smoke outside?
- Could you possibly smoke outside?
- Would you mind smoking outside?
- I wonder if you could smoke outside.
- Do you think you could smoke outside?
- Could you smoke outside?

less polite
- Please smoke outside.

There are many different ways of requesting. The appropriate one to use depends on the person you are talking to and the situation you are in. When you make a request, your tone of voice is also extremely important. Practice asking *your patients* to do the following things in the waiting room.

1. fill out a patient information form
2. follow you to the back office
3. reschedule the appointment (due to a delay)
4. wait a few more minutes
5. make room for other patients (to sit down)
6. smoke outside

Practice asking *your colleagues* to do the following things in the office.

1. answer a call
2. print out a patient's bill
3. file a patient's chart
4. fix the printer
5. lend you $5
6. switch your work schedule with his/hers next week

Practice asking *the doctor* to do the following things in the office.

1. answer an emergency call
2. talk with a patient in the waiting room
3. make a personal long-distance call
4. see a walk-in patient who is also a friend of yours
5. reschedule you next week
6. borrow the office computer

SECTION 3: ANSWERING QUESTIONS

Dialogue

An emergency patient was brought to Dr. Chang's office. A curious patient in the waiting area asks the assistant questions about the emergency.

Patient: Excuse me?
Assistant: Yes, Tim?
Patient: What happened to that man? He was bleeding.
Assistant: He was in an accident.
Patient: Oh, God. What type of accident? It looked like a gunshot wound.
Assistant: I don't have all the details, but I'm sure he'll be fine.

Answer the questions.	YES	NO	MAYBE
1. The assistant wasn't telling the truth of the emergency.	___	___	___
2. The assistant's response was appropriate.	___	___	___
3. For the patient's information, the assistant should find out all details of the emergency.	___	___	___

LISTENING

Listen to the dialogues and answers. Circle **the best answers**.

a (b) c

1. a b c 2. a b c 5. a b c
3. a b c 4. a b c 6. a b c

Listen to the dialogues and read the answers. Circle the best ones.

7. a. Excuse me, Mr. Hayes. Could you smoke outside?
   b. I hate to bother you but you really shouldn't smoke in the waiting room area.
   c. Mr. Hayes, you probably didn't notice our sign that this is a non-smoking office. You may smoke outside if you like.

8. a. I know how you feel, Cynthia, but the doctor expects it done as soon as possible.
   b. Don't worry, Cynthia. Many patients get nervous about taking a blood sample. Would you like to lie down and relax for a while before we start?
   c. I'm sorry you don't feel well, Cynthia. Would you like to come back another day?

9. a. I'm sorry to hear that.
   b. I hope you feel better soon.
   c. I'm glad to see you again.
   d. How have you been?

ROLE PLAY

In the waiting room.

Student A -- Patient

1. You have an appointment for a bad stomachache. You're worried that you may have an ulcer. When the assistant says "Hi" to you, ask him/her if it's possible that you have an ulcer.

2. You are taking your 90-year-old grandmother to get a check-up. She has little bladder control and has to go to the restroom very often, but there are a lot of patients today and many people are waiting outside the restroom. It's very inconvenient for you and your grandma. Talk to the assistant about this problem and your needs.

3. You are a smoker and you're smoking in the waiting room. You sit in the corner and make sure that you're not bothering other people with the smoke. Also, there's no "NO SMOKING" sign in the room.

4. You have been waiting for 25 minutes but the patient ahead of you still has not seen the doctor yet. Everyone in the waiting room is complaining about it. You decide to complain about it to the assistant.

Student B -- Assistant

1. Your patient is coming in for stomachache. Ask him/her how his/her stomach is after greeting.

2. A patient in the waiting room has a problem. Listen to him/her very carefully and make sure you understand the problem. Then, offer help, if possible.

3. A patient complains about a person who is smoking in the waiting room. Go talk to the person who's smoking.

4. The doctors have been spending more time than normal with many patients. There's a ½ hour delay now. You've talked to the doctors and they said some treatment took a lot longer than a regular check-up. You know other patients in the waiting room are getting impatient.

UNIT 7 COMMUNICATION & PROBLEM SOLVING

SECTION 1: TRANSLATING FOR THE DOCTOR

Listen to the dialogues between the doctor and patients. How would you feel if you were the doctor? Answer the questions.

Dialogue 1

1. Did the doctor know what the patient's problem was? Why not?
2. How did the doctor feel?

Dialogue 2

1. What was the patient's medical problem?
2. Did the doctor spend a lot of time finding it out? Why?
3. How did the doctor feel?
4. What difference can a bilingual medical assistant make in such as situation?

READING

Listen and understand the paragraphs. Then, listen again and fill in the blanks.

When a patient comes _____ to the hospital or _____ office, it is important _____ he or she communicates _____ with the medical staff, _____ the doctor because the _____ has to fully understand _____ patient's medical condition, problem, _____ and other related information _____ as type of medication _____ treatment the patient had _____.

A bilingual medical assistant's _____ often include not only _____ medical and clerical routine _____ also assisting the doctor _____ the patient in communicating. _____ translation moreover helps the _____ understand the doctor's professional _____ and the doctor understand _____ patient's culture as well _____ medical needs.

Now, listen again and check your answers.

LISTENING

Listen to the dialogue and pay attention to how the assistant translates for the doctor and the patient. Then listen again and answer the questions.

1. Did the doctor know what the patient's problem was? Why not?

   _____

   _____

2. How did the doctor feel?

   _____

   _____

3. Compared to the first dialogue you listened, what difference did the bilingual medical assistant made?

   _____

   _____

TRANSLATION TIPS

1. *Clarify meaning when in doubt.*
   When something is unclear to you, ask for clarification. Make sure you don't misinterpret words or ideas.

2. *Double check for meaning.*
   Repeat or rephrase what you hear before translating it in order to confirm important information.

3. *Be an impartial "third party".*
   Don't take either side when the doctor and the patient don't agree with each other. It is normal that the doctor disagrees with the patient over certain issues such as treatment plans and the use of traditional medicine. When it happens, try to understand both sides and be sincere about their point as you translate for them yet never help the doctor or the patient to argue against the other side.

4. *Never add your own thoughts or ideas during translation.*
   Translate everything "as is" and don't try to add your own opinions by saying, "I think what he means is this...." You may wish to add "he said...." to make it clear that it's the doctor's or the patient's idea. If you do want to express your own idea, you should say, "I think..." or "This is my idea..." and make it clear to both sides.

PRACTICE

A. Pair up with someone who speak the same native language. Practice translating the following statements orally into that language. The translator should only listen rather than look at the sentences.

1. I have a stomachache.
2. My daughter cries when she walks.
3. My father had difficulty breathing last night.
4. I have seen a Chinese doctor for my kidney problems many years.
5. I have been on herbal medicine for over five years and I would like to continue doing that because it works well.
6. My uncle and my brother both died of

B. Translate the following statement into English.

1. 我胃痛.	1. Tôi bị đau bao tử.
2. 我女兒一走路就哭.	2. Con gái tôi khóc khi đi.
3. 他昨天晚上呼吸覺得有困難.	3. Đêm hôm cha tôi hô hấp có khó khăn.
4. 我祖母說是肝有病,所以我為了這個看中醫看了好幾年.	4. Bà nội tôi cho rằng bệnh tôi là bệnh gan, cho nên mấy năm nay tôi đi coi bắc sĩ chuyên môn về bệnh này.
5. 我服了五年的中藥,因為效果很好,所以我還想繼續下去.	5. Tôi dùng thuốc bắc đã hơn năm năm. Tôi cảm thấy công hiệu rất tốt, nên tôi sẽ tiếp tục dùng thuốc này.
6. 我伯父和我父親都是得心臟病去逝的.	6. Cậu tôi và anh tôi đều chết về bệnh đau tim.
7. 我不要動手術開刀,那身體功能和器官等等的協調,不都給攪亂了嘛.	7. Tôi không muốn giải phẫu vì có thể làm hư những công năng điều hòa của cơ thể tôi.
8. 血是不能抽的,血是氣之源,抽了血就敗壞氣源了.	8. Tôi không muốn cho lấy máu vì máu là nguồn sống của tinh thần. Lấy máu tôi có thể huỷ diệt nguồn sống tinh thần đó.

C. Assume that you are a medical assistant. Find two partners, one of whom should share the same native language as yours and should be the patient; the other should then be the doctor.

Follow the dialogue below: the doctor uses English, the patient uses only his/her native language, and the assistant translates for the doctor and the patient. The assistant should not look at the dialogue before and during translation. However, the doctor and the patient should read through their parts in the dialogue before the activity begins. Fold the paper along the middle line as you practice.

When you are done, switch roles and practice a few more times.

The Doctor

Doctor: Are you on any medication?
Patient: .....
Doctor: What's the medicine for?
Patient: .....
Doctor: Where's the pain?
Patient: .....
Doctor: It is possible that the herbal medicine may interfere with the western medicine I'm going to prescribe for the inflammation in your leg, and the treatment may not be as effective.
Patient: .....
Doctor: All right. Here's the prescription. Take it three times a day.
Patient: .....

The Patient

Doctor: .....
Patient: I have taken Chinese herbal medicine for a few years. My uncle is a Chinese doctor. He prescribes the medicine for me.
Doctor: .....
Patient: For abdominal pain and for general health.
Doctor: .....
Patient: On one side, near the kidney.
Doctor: .....
Patient: I don't know...I've been taking it for years and it works well.
Doctor: .....
Patient: Okay. Thank you very much.

ROLE PLAY

Role play the following situation with two partners: one person will be the doctor, another person will be the patient and the other person will be the assistant. The patient and the assistant should share the same native language. The doctor uses only English, the patient uses only the native language, and the assistant translates between the doctor and the patient.

The Doctor

1. Ask the patient why he wouldn't want to have the surgery.

   (Listen to the patient's response/ translation)

   Then, explain to the patient that the surgery is very small and safe. A young patient like him/her should have very high success rate.

   (Listen to the patient/translation)

   Ask the patient to think about it and consult another doctor for a second opinion.

2. Tell the patient that the pelvic exam requires the patient to undress his/her pants.

   (Listen to the patient/translation)

   Ask the patient if he/she would like to be examined by a female doctor.

3. Ask the patient where the pain is.

   (Listen to the patient/translation)

   Ask the patient how long he/she has had the pain.

   (Listen to the patient/translation)

   Ask the patient why he/she didn't see a doctor earlier.

   (Listen to the patient/translation)

   Tell the patent that he/she needs to check in to the hospital to have a surgery.

   (Listen to the patient/translation)

   Tell the patient that a decision has to be made in 24 hours.

The Patient

1. Explain to the doctor that you are the only son in the family and your parents and grandparents are concerned about the danger the surgery may have.

   (Listen to the doctor/translation)

   Then, tell the doctor you need to discuss it with your parents.

2. Explain that you are not married and traditionally you shouldn't expose your body to anybody.

3. Show the doctor your left abdominal area hurts.

   (Listen to the doctor/translation)

   Tell the doctor you've been suffering the pain for about 3 weeks.

   (Listen to the doctor/translation)

   Explain that your grandfather suddenly passed away last month, so the family believed the pain was from his spirit.

   (Listen to the doctor/translation)

   Tell the doctor that the pain started mild but a week later it became sharp and lasted longer each time.

   (Listen to the doctor/translation)

   Tell the doctor you need to discuss with your family about the surgery.

SECTION 2: PROBLEM SOLVING ON THE JOB

GETTING READY

1. As a medical assistant, whom would you need to communicate with?
2. What types of problems would you have in a medical office?
3. What would you do when you have a problem with other medical or clerical staff?

READING

People in the world of work adopt a variety of problem solving methods based on the nature of the problem and people involved. Read the basic types of methods below and rated them from **0** (*most inefficient*) to **10** (*most efficient*).

_____ 1. Talk directly to the person with whom you have problem.
_____ 2. Write a note to the person.
_____ 3. Talk to the supervisor/manager.
_____ 4. Write a memo to the supervisor/manager.
_____ 5. Talk to a co-worker and ask him/her to talk to the person.
_____ 6. Write to a co-worker and ask him/her to talk to the person.
_____ 7. Talk/Complain to other staff about the person.
_____ 8. Do nothing and hope the problem would go away.
_____ 9. Quit the job.
_____ 10. Other method(s) _____

Which method(s) have you used? in what situation? Describe your experience below and share it with the class.

The problem: _____
_____
_____
_____
_____

The problem-solving process and method(s): _____
_____
_____
_____
_____

PRACTICE

Read the problems below and answer the following questions.

1. You've been on the job for 2 weeks but all you've been asked to do is filing and typing.

What would you do?
Check as many as you like.

_____ 1. Talk to your supervisor about it.
_____ 2. Leave a note to your supervisor about it.
_____ 3. Talk to a co-worker.
_____ 4. Ask a co-worker to mention it to your supervisor.
_____ 5. Work harder and hope someone will notice it.
_____ 6. Appear bored and frustrated and hope for the best.
_____ List other things you would do.

_____
_____
_____

What would you say?

_____ 1. "I need something else to do. I'm really tired of filing."
_____ 2. "Do you think it's boring to do nothing but filing all the time?"
_____ 3. "Do you think there's anything else I can do beside filing?"
_____ 4. "Why do I have to do filing when other people don't?"
_____ 5. "Are you satisfied with my filing job?"
_____ 6. "Do you think I can take on other responsibilities beside filing?"
_____ List other things you would say.

_____
_____
_____

2. You share an office with another assistant, Lori who seems to be verbal and energetic. You get along well with her but whenever she finishes helping a patient, she'll tell you all about it. She also enjoys telling you about her husband, children, cooking, shopping.... You like to listen and share information and you don't want to hurt her feelings, but gradually you are behind in your work schedule while Lori doesn't seem to have such a problem.

How would you handle the problem?

_____ 1. Talk to Lori.
_____ 2. Talk to your supervisor.
_____ 3. Talk to your co-worker(s) about the problem.
_____ 4. Ask a co-worker to talk with Lori about it.
_____ 5. Ask a co-worker to talk with the supervisor.
_____ 6. Leave Lori a note about the problem.
_____ 7. Leave the supervisor a note about it.
_____ 8. Pretend that you're very busy and hope Lori will leave you along.
_____ 9. Ask to be transfer to another office or department.
_____ 10. Work overtime to catch up on the schedule.
_____ 11. Appear to be tired of conversations with Lori and hope for the best.
_____ List other things you would do.

_____
_____
_____
_____

What would you say to Lori?
(work with 3 or 4 partners and write as much as possible)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3. One of the assistants, Tina complains about everything all the time. She often comes to you and complains about the doctors, the patients, the office manager and the whole medical system in the hospital.

What would you do?
(work with 3 or 4 partners and write as many possibilities as possible)

What would you say to Tina?

LISTENING

Listen to how the assistant solves her problems. Mark "Appropriate" or "Inappropriate".

	Appropriate	Inappropriate		Appropriate	Inappropriate
Dialogue 1:	_____	_____	Dialogue 3:	_____	_____
Dialogue 2:	_____	_____	Dialogue 4:	_____	_____

SPEAKING

Practice the dialogues with a partner.

Dialogue 1

Jackie and Larry share filing and billing in the department. Larry is careful and accurate but he is also very slow. Jackie feels he does most of the work.

Jackie:	Hey, Larry, do you have a minute?	
Larry:	Yeah, I guess. What's up?	
Jackie:	I have been thinking about talking with you about work. **I really enjoy working with you and I especially like your sense of humor**. But I also feel that sometimes I have to finish most of the work and it gives me a lot of pressure. So, I thought I'd talk with you about it.	Start with the positive
Larry:	Well, I just want to be careful. You know, you can't make any mistakes in billing.	
Jackie:	**Yes, I agree with you. We should all be very careful**, but at the same time maybe you could pick up the speed in processing claims?	Recognize a valid point
Larry:	You mean I'm inefficient?	Don't answer direct questions if it could result in conflicts.
Jackie:	**What I mean is that** we should share about the same amount of workload. Perhaps I can divide in half and you get to pick the half you want to work on.	
Larry:	Fine. That's fine with me.	End the conversation if it gets tense.
Jackie:	All right. Thanks for talking with me.	
	(a couple of hours later)	
Jackie:	Hey, Larry?	Maintain work relations
Larry:	Yeah?	
Jackie:	**I hope there's no bad feelings between us from our talk**.	keep yourself in low profile-- Show the other person that you need his/her help
Larry:	No, I don't think so.	
Jackie:	I get nervous when I feel a lot of pressure from work, so **I thought I'd ask you for help**.	
Larry:	That's no problem.	
Jackie:	Thanks. I'm going to get some coffee. Would you like some?....	

Dialogue 2

Jeff and John are managers. They both give Jane, an assistant, work and they are always in a hurry, saying, "I need it right away." Jane often has too much work and gets too nervous to take a break. She often has a stomachache or a headache at work, so she decides to talk with one of the managers.

Jane: Excuse me, Jeff. I need to talk with you about my work. When will it be convenient for you?
Jeff: Come on in. What's up?
Jane: **Well, I really enjoy working here with you and everybody in the office, but** sometimes when you and John both give me work in a hurry, I get very nervous and tired because I never get a break.
Jeff: I see. I didn't know John gave you work. But this is a busy office; we all have a lot of work to do.
Jane: **I understand that and I think it's good that we have so much business.** It's just that when you both give me a rush job, I get a stomachache or a headache.
Jeff: I know you work very hard. Next time when it happens, just let me know. I'll talk
with John to see if some work can be done later.
Jane: Thanks a lot. I appreciate it.
Jeff: You're welcome.

Come in, Jane What's up?
Well, I really enjoy working here
This is a busy office. We all have a lot of work to do
I understand that and

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USEFUL EXPRESSIONS

Ask to Talk with Someone

Excuse me, can I talk with you (for a minute)?
can I have a word with you?
do you have a minute?
do you have some time I can talk with you?
when will it be convenient if I need to talk with you?
can we set up a time to meet? I need to talk with you about work.

Start with the Positive *State the Problem (Indirectly)*

I have (always) enjoyed ...(working with you)....., but it seems to me that....
It's been nice.....(sharing an office with you)..., but (sometimes) you seem...
I (especially) enjoy/like ....(your sense of humor)....., except that I feel...
I know you are .....(careful and accurate).....

Ask for Advice Action

I thought I'd ask for your advice.
I decided to ask you for help.
What do you think?
What should I do?
Could you advise me on that?
Could you talk to ... about it?

Make a Suggestion

Maybe you could ...
Perhaps we can (try) ...
Have you thought about ...
How about ...

Maintain Friendly Work Relations

I hope there's no bad feelings/misunderstanding between us (from our conversation).
you didn't take anything personal.
you understand that ...(I just want to do a better job).

ROLE PLAY

Student A -- You are a billing clerk in an insurance company. In your department, everyone takes turns answering the phones at lunch but you stays at work during lunch to do homework for the English class you're taking at night. Now everyone starts going out at the same time because you're always there and they tell you to answer the phones every day. Talk to your supervisor about this problem.

Student B -- You supervise Student A, a billing clerk, in an insurance company.

APPENDIX A

MORE ABOUT GOWNING INSTRUCTIONS

- Always be thorough and clear to save time and to relieve patient anxiety when you ask the patient to take off their clothes and change into a robe.

- A patient with a disabled arm or leg is likely to need help in disrobing and gowning. A patient who is weak or disoriented is also likely to require assistance. Use your judgment and ask. ("Would you like me to stay here and help you change into the robe?")

- If the patient comes with a friend or family member, ask the patient if he/she wants to be left alone to undress in the exam room. ("Would you prefer to disrobe alone?")

- If the patient refuses to remove his/her clothes, tell the patient you will check with the doctor. (To the patient: "I understand your needs for privacy. Let me check with a doctor." or "I know it must be difficult for you. I'll ask the doctor to see if it's okay to leave [part of] your clothes on") (To the doctor: "Would the patient's clothing interfere with the process of examination?" or "Does the patient have to undress from the waist down/up?")

- If the clothing will interfere with the doctor's exam, explain it to the patient. If the patient is still being reluctant, ask the patient to discuss the removal of clothing with the doctor.

Ann. Rev. Med. 1985. 36: 229-39
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CULTURAL BARRIERS TO EFFECTIVE MEDICAL CARE AMONG INDOCHINESE PATIENTS

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ABSTRACT

Since 1975, over 600,000 Indochinese refugees have resettled in the United States. This patient population has significant personal health problems in need of medical treatment. However, Indochinese refugees frequently underutilize existing health care services. This, in part, results from major cultural barriers between patient and provider. A review is provided of the history of the recent Indochinese immigration and the cultural traits, religious beliefs, and health care practices of this refugee population. This information is provided in the hope that health care providers will learn to understand the Indochinese refugee as a patient and reduce those cultural barriers that appear to limit their access to medical care in this country.

INTRODUCTION

Since 1975, at least 600,000 Indochinese refugees have resettled in the United States (1). The influx of this large population has presented major challenges to health care providers in this country.

0066-4219/85/0401-0229$02.00

This refugee population has significant personal health problems in need of medical attention. These include diseases not frequently seen in the US population, e.g. various types and manifestations of intestinal parasitism, and hemoglobin disorders (thalassemia minor and hemoglobin E) (2–7), with reported cases of cholera, malaria, and leprosy (8, 9). Compared to the US population, there is a higher prevalence (13%) of hepatitis B carrier state (9), a significantly higher reported incidence of tuberculosis, prevalence of positive tuberculin skin tests, and a forty- to sixty-fold relative risk of developing tuberculosis (10). A highly unusual syndrome of nocturnal sudden death has also been reported (11). In addition, mental health problems are an area of emerging need for this refugee population (12).

Despite this need for medical care, Indochinese refugees may either delay seeking medical care or underutilize health care services (13, 14). There are major barriers to medical care for Indochinese refugees: not only language but also lack of understanding of Western medicine and the inability to use the US health care system effectively. There is a major cultural barrier between refugees and Western providers, resulting from major differences in Eastern and Western cultures and from markedly different concepts of health and disease. This cultural gap needs to be bridged to improve utilization of health care services and to avoid major delays in seeking care. The challenge of bridging this cultural gap is the focus of this review.

To begin to understand the Indochinese immigrant as a patient, health care providers need to be aware of the history of the Indochinese immigration, their cultural and religious beliefs, and their concepts of health and health practices. All of these factors may serve as barriers in their ability to receive health care in this country.

MIGRATION HISTORY AND SOCIOECONOMIC BACKGROUND

Unlike the first wave of Vietnamese, who were airlifted directly from Saigon in the spring of 1975, the Indochinese refugees arriving since 1979 may have suffered more hardship, both physical and emotional, during their attempts to escape either by sea or by land. While camp conditions have improved over the past few years, some of the refugees may have had prolonged stays of up to several years in camps where health problems were rampant because of severe overcrowding, limited medical supplies, and lack of sanitation facilities. Moreover, the present group of refugees represents a different socioeconomic group than the 1975 refugees. While the former were primarily Vietnamese refugees from Saigon, the refugees since 1979 are more likely to be of lower income levels and from rural rather than urban areas. Instead of physicians and educators, they are more likely to be peasants, fishermen, former soldiers, and small merchants. They may have

had little formal education and may be illiterate in their own native language. They may have no knowledge of English or Western culture and no exposure to Western medicine.

LANGUAGE BARRIER

The first difficulty that any US health care provider has to face when dealing with the Indochinese patient is language. The three major ethnic groups of immigrants (Vietnamese, Cambodian, Laotian), represent at least four different languages, some with several dialects. Each nationality has its own language. Most Vietnamese share one single national language which is polytonal, monosyllabic, and transcribed in Roman alphabet. However, there are a large number of Chinese Ethnic Vietnamese who speak a Chinese dialect only. Cambodians speak only Khmer. The population of Laos is an ethnic mixture of many groups. Lao is the predominant language in the lowland; however, the hill tribes, such as the H'mong, the Kha, or the Yao, speak only their own dialects and often do not understand the dialects of other Laotians. It may be a difficult task to find an appropriate interpreter for each patient. While some newly arriving refugees may speak a little English, their English is rarely suitable for medical interview. Frequently, it is the oldest child in the family, having been in school for several weeks who attempts to provide the translation. This creates an awkward situation for both patient and provider.

The use of bilingual staff may alleviate the language barrier to a certain extent, but does not always ensure proper communication or adequate history taking. Straight literal interpretation of complaints may convey erroneous ideas. For example, a Vietnamese patient complaining of "feeling hot" does not mean that he/she has a fever. The patient may just be reporting generalized malaise. Similarly, the concept of viral infectious hepatitis is rarely understood by the Indochinese population. The term "hepatitis" is very often loosely translated into "liver disease." There is a widely accepted notion that "liver disease causes itching." A reported history of hepatitis may mean that the patient has had a symptom of "itching" which may, in fact, be secondary to a superficial dermatitis. In addition, some medical terms may have a different meaning. For most Southeast Asians, a kidney is the center of sexual potency. Any reference to "kidney trouble" may actually mean decreased libido or other sexual difficulty.

RELIGIOUS BELIEFS AND BARRIERS

It is important to understand the religious beliefs of Indochinese immigrants in order to provide effective medical care. Religion and medicine may not

be distinguished from each other: religious beliefs influence health beliefs and practices, the refugees' reaction to illness, and subsequent use of the medical system. There are several major religions practiced in Southeast Asia.

Buddhism is the main religion of Indochina. It was introduced by sea from India and by road from China as early as in the second century AD. It is as much a state of mind as an organized and orthodox religious institution. Buddha has taught that life is suffering and suffering derives from desire. Suffering can be extinguished by eliminating desire. Suffering, including physical pain, may be perceived as an integral part of one's life or as divine punishment for unrighteous behavior. It may be ignored, tolerated with feelings of guilt, or perceived as a symptom of disease. As a result, seeking medical help for a physical pain may either be delayed or considered inappropriate.

Confucianism, also imported from China, is a way of life involving a code of morals and ethics emphasizing hierarchy in society and stressing the worship of ancestors. Harmony is obtained through the fulfillment of social obligations. Physicians have distinct social roles and are expected to be authoritarian. A family's survival may be perceived as more important than an individual's well-being. The opinion of the elderly member of the family is solicited in the case of difficult medical decisions. The grandparent, not the parent, may be the individual who decides if a medical test and/or surgery should be performed.

Taoism, or "Naturalism," advocates taking no unnatural action to achieve conformity to the "TAO," the creative principle that orders the universe. When things are allowed to take their natural course, they move toward perfection and harmony. This belief reinforces passivity and procrastination in seeking medical care. It also helps explain the strong Indochinese aversion to surgery and invasive diagnostic methods, as these are seen as disruptions of the natural harmony of the human body. Even blood drawing, if not adequate explained to the refugee, may be a major source of concern.

Animism is quite prevalent in the hill tribe people, especially in Laos. Beliefs in gods, demons, and evil spirits are a way of life. Illness can sometimes be cured more easily by a shaman than a medical professional. Shamans may be the "preferred provider" or at least utilized in addition to the medical practitioner. "String tying" is a practice in which a cord is tied around the wrist to enable a person to communicate with the spirit of deceased ancestors or to prevent the loss of a sick person's soul. This string may be perceived as a symbol of a patient's spiritual wholeness and their social and familial support system (15). If this string is removed by medical personnel, for example preoperatively, without explanation, the patient may become quite depressed or reject further medical care.

Catholicism was introduced recently by the French missionaries and is followed only by a minority of Indochinese. However, as the new Communist regimes do not tolerate Catholicism, a significant percentage of the present immigrants are Catholic. The possibility that an Indochinese refugee may be Catholic should be considered when discussing issues of family planning, pregnancy, and/or abortion.

CULTURAL BARRIERS

In addition to religious beliefs, there are general cultural traits that health care providers should understand about Indochinese patients. The authors and others (15–18) describe these traits, not wishing to stereotype, but rather to provide an overview of those important aspects of Indochinese culture that may influence the refugees' interaction with the medical care system.

Family Unit

The family unit is important in all three cultures. In Vietnam, Cambodia, and Laos, the family is patriarchal. The Vietnamese may practice ancestral worship. The Hmong families may be large, extended, and even polygamous. In all three cultures, the extended family may be as important as the nuclear family. Decisions to seek medical care and what kind of medical care are often made by the eldest member of the family. The disruption of this close family life and loss of family have resulted in loneliness and depression for many refugees. Chronic unresolved grief and "survivor guilt" may be the basis for later depression.

Propriety of Interpersonal Relations

Proper form and appearance are very important to the Indochinese. A quiet, restrained, and dignified manner is expected in most interpersonal relationships. The manner in which something is done is often more important than the actual deed. For example, the head is considered the sacred part of the body; therefore, it is considered very impolite to pat the head of an Indochinese adult. When examining the ears or palpating for a goiter, care should be taken to move the head gently, not abruptly. By the same token, the feet are considered the lowliest part of the body. It would be very offensive if, while interviewing the patient, the feet were pointed at that individual. Indochinese patients may consider it disrespectful to look directly into the eyes of persons considered to be of higher social status, such as physicians. Indochinese patients may also appear to be the "perfect patients," rarely questioning, complaining, or demanding. Propriety and reserve make the Indochinese patient appear unassuming. He/she may nod

understanding rather than acknowledge the fact that they are confused or do not understand a question.

Passivity

The philosophies of Buddhism, Confucianism, and Taoism produce an attitude that may be perceived as passive. When confronted with a direct delicate question, many Indochinese may find it difficult to give a "no" answer, as they consider it rude, nonharmonious. The "yes" answer, in that context, may simply reflect an avoidance of conflict rather than an affirmation of truth. A smile may serve to cover up disturbing feelings rather than being an expression of joy or pleasure. Awareness of this characteristic may help alleviate frustration on the part of US health professionals in dealing with Indochinese patients. It should also make one aware that an extensive medical history or review of systems may not be a valuable exercise with some refugees.

Sense of Permanence

One frequently hears of the Eastern concept of "being" as opposed to the Western concept of "doing." Indochinese conceive that life is a cycle of events, and many, even non-Buddhists, believe in reincarnation. Customs, traditions, and other things in existence change, but they change at a much slower pace for the Indochinese. This belief, coupled with the lack of familiarity with Western, and especially American, traditions, may make refugees appear to lack the sense of time urgency and punctuality so revered in Western culture.

Issues of Sexuality Among Indochinese Women

Both Confucianist and Buddhist beliefs urge people to be shy and modest, particularly women. Premarital sex is condemned, and virginity in a bride is almost mandatory in all three cultures, particularly in the rural areas untouched by Western influence. This value system may influence the physician-patient relationship. Female patients may be perceived as extremely modest. This is understandable in light of the fact that until the early 1900s, traditional practitioners of Indochinese medicine were not allowed to touch the body of their female patients, except to take their pulse. A female figurine was provided by the physician, and the wise physician could diagnose physical complaints of female patients based on the patient pointing to the area on the figurine corresponding to her own symptoms. Most refugee women are more amenable to modern medical explanation, including gynecologic, if proper examinations are provided. However, unmarried refugee women may refuse routine pelvic examination, particularly as part of their first examination.

TRADITIONAL CONCEPTS OF HEALTH AND DISEASE

To understand the Indochinese refugees' interaction with the health care system, it is crucial to understand their concepts of health and disease and non-Western health practices. The Chinese influence of Confucianism and metaphysical theory of Taoism, combined with the Indian philosophy of Buddhism, create an Eastern notion of Balance and Harmony as the cornerstones of health. Disease, it is believed, is caused by an imbalance, either deficiency or excess, of bodily fluids, airs, or other elements in the universe. Cure results from restoring the natural balance.

In Southeast Asia, Chinese medicine, with its metaphysical theory of Yang and Yin, is readily available, inexpensive, and very convenient. The theory of Yang and Yin postulates that the universe, and consequently a human being, is made of two opposite forces: male, positive energy, or Yang, that produces light, warmth, dryness, and fullness; and female, negative energy or Yin, that produces darkness, cold, wetness, and emptiness. Any imbalance in the content or the flow of these two forces will produce disease. Traditional Chinese physicians are quick to make a diagnosis after a careful pulse taking and a close observation of a patient's physiognomy. Ancillary laboratory testing is rarely needed. Cure is often readily prescribed either in the form of internal medicines (herbs, animal or vegetable extracts) or a few sessions of acupuncture. The practice of Chinese medicine is prevalent in urban areas of Indochina, where it rivals Western medicine in its utilization.

Folk medicine is almost universally practiced throughout Indochina. Three theories may explain the cause of disease: (*a*) naturalistic theory—either "bad wind" or spoiled food are blamed for illness; (*b*) supernaturalistic theory—disease results from the influence of gods, demons, spirits, malevolent spell; and (*c*) metaphysical theory—the "hot and cold theory," similar to Yang and Yin, whereby disease is caused by an alteration in the natural balance between hot and cold elements in the universe. Folk medicine techniques of cure may be applied to all three theories of disease; they can be used any time, anywhere and at minimal cost. These practices include:

1. Cao gio: rubbing the skin vigorously with either a coin or a spoon, often preceded by applying wintergreen or other oils.
2. Bat gio: pinching the skin between thumb and index finger to the point of producing an abrasion. (See Figure 1.)
3. Giac: applying a hot cup to the forehead or other exposed area for a prolonged time.

Figure 1 An example of bat gio, skin pinching.

4. Xong: herbal steam inhalation with the whole body covered by a heavy blanket.
5. Balm application with Red Tiger, MacPhsu, or other balm concoctions.
6. Inhalation of aromatic oils or liniment, such as eucalyptus.
7. Ingestion of herbal concoctions.

Folk medicine is practiced everywhere and is advocated particularly by elderly family members. It may be practiced by folk medicine healers or elder family members themselves. The scars and marks resulting from these dermabrasive practices should not be misdiagnosed as signs of physical abuse (19).

The type of Western medicine practiced in Southeast Asia is more deeply rooted in the 19th century concepts of French medicine than in 20th century Western medicine. Most physicians trained in modern Western medicine served the military, not the civilian, population. As practiced in Indochina, Western medicine is more pragmatic and empiric than rigidly scientific. There is greater reliance on clinical findings than elaborate laboratory technologies. "Shotgun therapy" is used: multiple medications given for a suspected but frequently undocumented cause of disease. The "placebo

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effect" of giving several medications is a common therapeutic modality. Western drugs, including antibiotics, are available over the counter. These could be recommended by medical assistants, nurses, village health workers, self-trained physician extenders, and injectionists, who may have no physician supervision.

It should be remembered that these systems of medicine are not mutually exclusive. One system of health care may be used for one physical ailment and another system of medicine for a different problem. The use of dual systems of care is one that US physicians need to understand and accept. Indochinese patients often use their own systems of care before resorting to Western medicine. Silverman (13), studying a group of Vietnamese refugees in Denver, found that they relied on self-care before seeking professional help. Eighty percent waited at least five days after the manifestation of illness before seeking physicians, and 73% failed to return for follow-up care. Yeatman et al (20) reported that 49 of 50 Vietnamese interviewed use "cao gio" for a variety of symptoms. These symptoms included cold, headaches, fever, and myalgias. The most commonly used sites included the back, head, and neck. Ninety-four percent of the user group, which included a nursing student and a medical assistant, practiced "cao gio" four years after their entry into the United States. All respondents felt better after treatment. They also felt negatively about US physicians who did not condone this therapy.

Indochinese may be apprehensive about hospitalization as well as about medical physicians. In many parts of Indochina, the hospital is perceived as either a place to die or the site where surgery or other invasive procedures are performed. Surgery and other invasive procedures are frightening, because they are perceived as a mutilating procedure. It is believed that the soul is attached to different parts of the body. Therefore, surgery may disrupt the soul as well as the body. Similarly, an autopsy is rarely seen as an acceptable practice (15).

REFUGEES' PERCEPTION OF WESTERN HEALTH CARE SYSTEM

For many Indochinese refugees, the US health care system can be perplexing, inconvenient, and appear culturally inappropriate. For example, an appointment system is hard for Southeast Asians to accept. The concept of waiting 2–3 weeks before seeing a physician seems inappropriate, as their previous medical experience was always crisis-oriented, with immediate therapies prescribed.

Preventive health care is a foreign concept. The initial health assessment, recommended once refugees arrive, may be perceived as low priority

compared to the more urgent needs of resettlement, i.e. housing, employment, and English language training. This is particularly true for the asymptomatic individual. Similarly, the prescription of a one-year course of isoniazide prophylaxis for tuberculosis répresents a treatment plan rarely encountered in most parts of Indochina.

Health care facilities in this country appear confusing by nature of their multiple services, i.e. Radiology, Laboratory, Pharmacy. The large outpatient facilities provided in many urban hospitals can be confusing if not incomprehensible for the newly resettled refugee. The complex system of multiple subspecialties is quite different from their prior experience. In Indochina, a single physician would provide almost all the care in the same setting without the need for specialty evaluation. Indochinese refugees may not be used to physicians doing multiple tests before arriving at a diagnosis—an instant diagnosis and treatment from the first provider encountered is expected.

CONCLUSION

This review outlines a major cultural gap that may exist between Indochinese refugees as patients and health care providers. This results from certain cultural traits, religious beliefs, concepts of health and health practices that are uncommon in Western medicine. In order to reduce these potential barriers, the authors make the following suggestions for those health care facilities providing health programs for Indochinese refugees.

1. Interpreters are a necessary component of any health care system providing care for Indochinese refugees. Ideally, the interpreters should be of the same sex and ethnicity as the patient and well versed in Western medicine practices. They should also be able to communicate to the provider the refugees' concerns, misconceptions, or lack of understanding about the examinations and tests performed. They should be able to inform the providers about the refugees' perception of their health.

2. Health education activities are very important. These activities should be done in collaboration with both the refugee settlement agency and the refugees' sponsors. There should be efforts to educate refugees about specific diseases and the type of treatment required. There should also be attempts to help the refugee understand and appropriately utilize health care as practiced in this country.

3. The staff of health care facilities need to be educated in the cultural, religious, and health beliefs of Indochinese refugees. In doing so, such providers may avoid culturally offensive or inappropriate practices as well as become sensitive to those aspects of Indochinese patients' culture that may prove barriers to effective medical care. Providers should learn about

folk medicine practices and realize they may be adjuvants to their own prescribed treatment program.

With these and other attempts to develop culturally appropriate medical care services, the gap between patient and provider may in part be bridged. It is hoped that the result will be more effective health care services for Indochinese refugees.

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APPENDIX B

Privacy Rights CLEARINGHOUSE

Fact Sheet No. 8 Hotline: (800) 773-7748

How Private Is My Medical Information?

At first glance, medical records appear to be one of the few truly confidential areas in our lives. California laws and doctor-patient privilege seem to make it difficult for others to gain access to medical records. But the laws contain exemptions, and you usually must waive your right to confidentiality in return for insurance coverage. In short, you may have a false sense of security.

What do my medical records contain?

Medical records are created when you receive treatment from a health professional such as a physician, nurse, dentist, chiropractor or psychiatrist. Records may include your medical history, details about your lifestyle (such as smoking or involvement in high risk sports), and family medical history. In addition, your records contain laboratory test results and other reports which detail the results of operations and other medical procedures.

Who has access to my medical records?

Your medical information is shared by a wide range of people both in and out of the health care industry. Generally, access to your records is obtained when you agree to let others see them. You have probably signed "blanket waivers" or "general consent forms" when you have obtained medical care. When you sign such a waiver, you allow the health care provider to release your medical information to government agencies, insurance companies, employers and others.

1. **Government agencies** request your medical records to verify claims made through Medicare, MediCal, Social Security Disability and Workers' Compensation.

2. **Insurance companies** require you to release your records before they will issue a policy or make payment under an existing policy. Medical information gathered by one insurance company may be shared with others through the Medical Information Bureau (MIB).

3. **The Medical Information Bureau** is a central database of medical information. Approximately 15 million Americans and Canadians are on file in the MIB's computers. Over 750 insurance firms use the services of the MIB primarily to obtain information about life insurance policy applicants. A decision on whether to insure you is not supposed to be based solely on the MIB report.

Center for Public Interest Law, University of San Diego
5998 Alcalá Park, San Diego, CA 92110-2492 • Hotline: 1-800-773-7748

The Privacy Rights Clearinghouse is supported by funds from the Telecommunications Education Trust, established by the California Public Utilities Commission.

The MIB does not have a file on everyone. But if your medical information is on file, you will want to be sure it is correct. You can obtain a free copy by writing to: **Medical Information Bureau, P.O. Box 105, Essex Station, Boston, MA 02112**, or call (617) 426-3660.

4. **Employers** usually obtain medical information about their employees by asking employees to authorize disclosure of medical records. This can occur in several ways.

- o When medical insurance is paid by employers, they may require insurance companies to provide them with copies of employees' medical records.

- o Self-insured businesses establish a fund to cover the insurance claims of employees. Since no third party is involved, the medical records that would normally be open for inspection by an insurance company are accessible to the employer.

While your employer may gain access to your medical records you do have some privacy protection under state and federal law. Employers must establish procedures to keep employee medical records confidential (California Civil Code section 56).

According to the federal Americans with Disabilities Act (42 USC sections 12101 et seq.), in workplaces with more than 25 employees:

- o Employers may not ask job applicants about medical information or require a physical examination prior to offering employment.

- o After employment is offered, an employer can only ask for a medical examination if it is required of all employees holding similar jobs.

- o If you are turned down for work based on the results of a medical examination, the employer must prove that it is physically impossible for you to do the work required.

Violations of these laws should be brought to the attention of the United States Equal Employment Opportunity Commission (EEOC). The EEOC's phone number is listed in the United States Government section in the white pages of the phone book.

5. **Other disclosures** of medical information occur when medical institutions such as hospitals or individual physicians are evaluated for quality of service. This evaluation is required for most hospitals to receive their licenses. Your identity is generally not disclosed when medical practices are evaluated.

Occasionally, your medical information is used for health research and is sometimes disclosed to public health agencies like the Centers for Disease Control. Specific names are usually not included with the information.

6. Medical information may be passed on to **direct marketers** when you participate in informal health screenings. Tests for cholesterol levels, blood pressure, weight and physical fitness are examples of free or low-cost screenings offered to the public. Screenings are often conducted at pharmacies, health fairs, shopping malls or other nonmedical settings. The information collected may end up in the data banks of businesses which have products to sell related to the test. Use caution when participating in such screenings. Ask what will be done with the information and who will have access to the test results.

Is there any way to protect the privacy of my medical records?

Currently, there are no comprehensive laws regarding medical records privacy. Here are some methods which may limit others' access to your medical records:

1. When you are asked to sign a waiver for the release of your medical records, try to **limit the amount of information** released. Instead of signing the "blanket waiver," cross it out and write in more specific terms.

> *Example of blanket waiver:* I authorize any physician, hospital or other medical provider to release to [insurer] any information regarding my medical history, symptoms, treatment, exam results or diagnosis.
>
> *Edited waiver:* I authorize my records to be released from [X hospital, clinic or doctor] for the [date of treatment] as relates to [the condition treated].

2. If you want a specific condition to be held in confidence by your personal physician, bring a **written request** to the appointment that revokes your consent to release medical information to the insurance company and/or to your employer for that visit; you must also pay for the visit yourself rather than obtain reimbursement from the insurance company. To be especially certain of confidentiality, you may need to see a different physician altogether and **pay the bill yourself**, forgoing reimbursement from the insurance company.

3. Use caution when filling out **medical questionnaires**. Find out if you **must** complete it, what its purpose is, and who will have access to the information that is compiled. Also, before participating in informal **health screenings**, find out what uses will be made of the medical information that is collected.

4. Ask your health care provider to use caution when **photocopying** portions of your medical records for others. Sometimes people are careless and photocopy more of your medical record than is necessary.

5. Find out if your health care provider has a policy on the use of **cordless and cellular phones** and **fax machines** when discussing and transmitting medical information.

> Cordless and cellular telephones are not as private as standard "wired" telephones. Because they transmit by radio wave, phone conversations can be overheard on various electronic devices. (See the Privacy Rights Clearinghouse fact sheet "Cordless and Cellular Phones: Is Everybody Listening?")
>
> Fax machines offer far less privacy than the mail. Frequently many people in an office have access to fax transmissions. Staff members at all levels of the organization should take precautions to preserve confidentiality when sending and receiving medical documents by fax machine.

How do I get access to my own medical records?

In California, health care providers must allow a patient (or his or her representative) to inspect all medical records within five days of a written request or provide a copy within 15 days of a written request. This includes doctors' offices, hospitals, mental health facilities

and clinics. The health care provider can charge up to 25 cents per page to photocopy your medical record and up to 50 cents per page to copy microfilm. The legal code that authorizes patient access to medical records is California Health and Safety Code, section 1795. If you received care in a federal medical facility, you have a right to obtain your records under the federal Privacy Act of 1974 (5 USC section 552a).

If you want to inspect your medical records, contact the medical records department of your health care provider and ask what the procedure is for obtaining a copy. Most medical offices ask that you make your request in writing. If the health care provider will not release your records, ask for a written letter of denial. Then contact a patients' rights group, the local medical society, the state medical board or an attorney for further assistance.

A request for disclosure may be denied if the health care provider believes the information in the record will be harmful to the patient. In that case, the health care provider is required to disclose the record to a physician of the patient's choice. Denial of health records most commonly occurs with mental health records.

Can my medical records be subpoenaed for court cases?

Yes. However, you can ask the court to allow only a specific portion of your medical record to be seen or to not be opened at all. A judge will decide what parts, if any, of your medical record should be considered private. After the case is decided, you can also ask the judge to "seal" the court records containing your medical information. If you do not do this, your medical files become part of the court record. These are generally considered public records and may be viewed by anyone. (See California Code of Civil Procedure, section 2031.)

For more information

For more information on medical records privacy and other privacy-related issues, contact the **Privacy Rights Clearinghouse** hotline at (800) 773-7748.

If you have a dispute with a health care provider over improper release of medical information or are having trouble getting copies of your medical records, contact your local **county medical society** for assistance, or call the **Medical Board of California** at (800) 633-2322.

The **U.S. Equal Employment Opportunity Commission** (EEOC) handles complaints against employers who mishandle medical records or discriminate against employees because of medical conditions. EEOC offices are listed in U. S. Government section in the white pages of the phone book.

For a copy of the brochure, **"Your Health Information Belongs to You,"** send $1.00 to the American Health Information Management Association, 919 N. Michigan Ave., Chicago IL 60611-1683.

If you are concerned about the lack of strong privacy protection regarding medical records, contact your **state and federal legislators**.